0	98	oi 1	
•	1	TO FUNERAL DIRECTOR, after this certificate has been signed by the ottending physicitin and completely illad in by the fundral species should be detached for use as the buriol-transit permit. Then please remove corbon paper. Paper and a hould be filed with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal. IMPORTANT: If them 21 is marked as them? 8 shows any injury, or other traumatic event, the mental or principle or principle.	1
TAND 21201	TO MOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 bours offer death resoured by the hospital or attending physician.	TO FUNERAL DIRECTOR, after this certificate has been signed by the ottending physician and completely filled in by the fundate should be detached for use as the buriol-transit permit. Then please remove carbonooper. Page: And a should be filed within a man with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal. IMPORIANT: If Item 21 is marked as Left 78 shows any injury, or other traumatic event, the medical exemptors.	6
ALTIMORE, MAK	e be executed with	cran and complex ert. Pages, Land 2 I. The medical exam	2
DIVISION OF VITAL RECORDS, 201 W. PRESION ST., BALLIMORE, MAKELAND 21201	he death certificat	TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicit should be detached for use as the burial-transit permit. Then please remove corbangabet with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORIANT: If them 21 is marked as Left 8 shows ony injury, or other traumatic event, this	
CORDS, 201 W.	w requires that t	been signed by il mit. Then please o prior to buriol, cre ony injury, or othe	
ION OF VITAL RE	HYSICIAN: The londing physicion.	his certificate has burial-transit periol-transit periol-transit periol-transit periods of term 18 shows	1
SIAIG	TO HOSPITAL OR ATTENDING PHYSICIAN: The large indicated by the hospital or attending physicion.	IRECTOR: After the hed for use as the ept. of Health and them 21 is marked	
	TO HOSPITAL O	should be detect with the Stote D	+

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STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HYGIENE	5	0	6	1	5	ć
CERTIFICATE OF DEATH	250 110					

3	1 -	FOR STATE REGISTRAR		DEPARTA		IEALTH AND MENTAL HYG	REG. N	D.	,	, ,
P		CEASED NAME FIRST		MIDDLE		LAST	2a DATE OF DEATH	MONTH D	AY YEAR	26 HOUR
	(TYPE	ERN	EST AN	DREW	ACK	ERMAN		03 27	'85	11:35 ♠
4	3. SEX	X	4. RACE		5. DATE C		6. AGE (IN YEARS LAST BIR		FUNDER 1 YEAR	IF UNDER 24 HRS
	MA	ALE	WHI	TE	MONTH	16 1899	86	YRS	ONIHS DAYS	HOURS MIN.
2		RTHPLACE (STATE OR FOREIGN ARYLAND	2.000	WHAT COUNTRY?	8. MARRIE WIDOWE	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY O	R COUNTY		MD.
1	10. CI	TOWSON	JIE NOT IN SU	HOSPITAL, NURSIN CHEACILITY, GIVE STREET R BALTIMO	G HOME (OR OTHER INSTITUTION	12a USUAL OCCUPATION OF PLANT EN	ON FWORKING LIFE	INDUSTRY	dson Chem
	13a S	AL RESIDENCE (IF NURSING HOME OF STATE 136, COU HARYLAND HAR	R OTHER INSTITUTION NTY PORD	134. CITY OR TOW		13d. INSIDE CITY LIMITS? YES NO 1	130 STREET ADDRESS 1909 Crou	zip code se Rd.	Fores	t Hill
2	14 FA	THER'S NAME Charles	MIDDLE	Ackerman		15. MOTHER'S MAIDEN NA FIRST Rebecca	ME MIDDLE		Meye	r
		VAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRE			21050
	(4	NO NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES	215-07-7	738	Elaine Raymo	e 2810 VanH	orn Rd		
		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMEDIA	nly one couse pe ED BY: (TE CAUSE (o)	SEPSIS	d (cs.)				HRS	MATE INTERVAL ONSET AND DEATH
		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	(b)_	OR AS A CONSEQUE	ION P	NEUMONIA ENTAL STATUS			24 H YEAR	
ă	z	PART 2. OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE OR CON	DITION GIVE	N IN PART 1:)
	CERTIFICATION	ALZHE	EIMERS 196 CONE	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY? YES ▼ NO□		WERE FINDING CAUSES	
1		21a ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [CAUSE OF DE	ATH HOUR A	DF INJURY M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURI		RY IN ITEM IB PA	RI I OR PART ?)	
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY TREET, FACTORY, OFFICE, F		21f. LOCATION STREET	CITY OR TO		COUNTY	STATE
		22a I certify that (I) (this hosp sow the deceased alive a above, (I) (we) (did) (did n	^	1		nd that in (my) (our) opinion	deoth occurred on the de		ond from the	
		226. SIGNATURE		u M	D	DEGREE ATTENDING PHYSICIAN	MEDICAL STA		22c. DATE	SIGNED
		226. PHYSICIAN'S NAME (TYPE ROBERT PRI		D.		22e ADDRESS GBMC - 6701	N. CHARLES	ST. 2	21204	
		BURIAL, CREMATION, REMOVA (SPECIFY) Burial	236. DATE 3-30)-85 Ga	rdens	EMETERY OR CREMATORY S of Faith Cen	23d LOCATION CITY OF TOWN	altimo	ore, Ma	aryland
	24. FL	UNERAL DIRECTOR NAME OSSAHA LUVER	al Hon	ADDRESS	401 3 ALTO	Belgie Rasapp	RECO. BY REGISTERAN	256. JEGISTR	ar's signat	Pandalle '

DHMH - 16 50M 4/83 (VRA 15, 4)

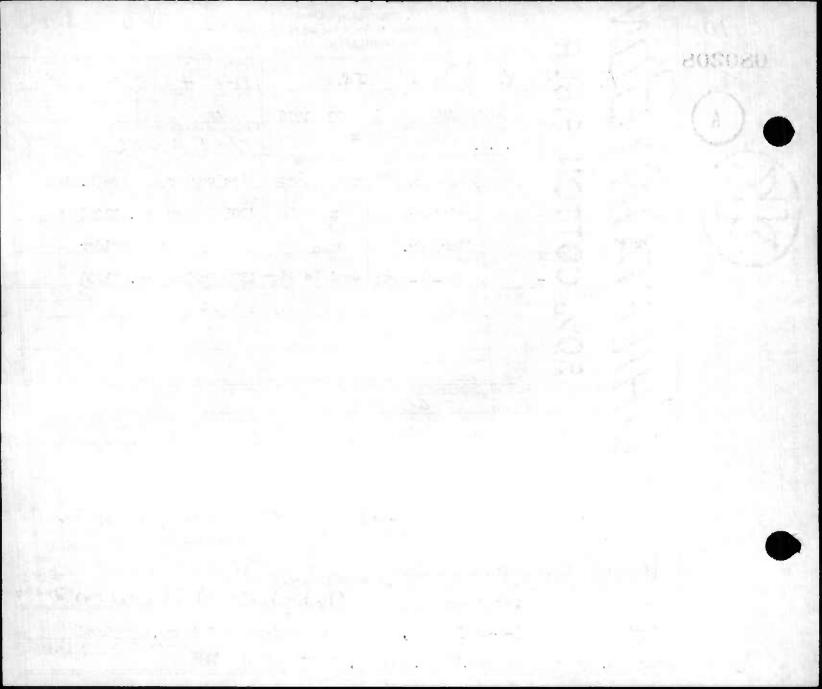
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1	FOR - STATE REGISTRAR	DEPARTM	CERTIFICATE OF DEATH	REG. NO.	
	ECEASED NAME FIRST	R D DEF	Jr.	20. DATE OF DEATH MONTH	DAY YEAR 26 HO
12.0	FRHNK	1 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDE
3,58		S. E. Salan and S. C. Control of the	MONTH DAY YEAR	AGE (INTERESTAST BIRTHDAT)	MONTHS DAYS HOURS
1 75	MALE BIRTHPLACE (STATE OR FOREIGN	CAUCASTAN 7b. CITIZEN OF WHAT COUNTRY?	6 23 1916	68 YRS.	4.05.05.4711
Ma	ryland	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OR COUNTY	= COUN
5	MUSON OF DEATH	11. NAME OF HOSPITAL, NURSING	SHOME OR OTHER INSTITUTION DODESSI	17a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI Steelworker	126 KIND OF BUSIN INDUSTRY Beth. Stee
tla.	AL RESIDENCE (IF NURSIN LOLD COULT)	NOTHER INSTITUTION GIVE RESIDENCE BEFORE ANTY 136. CITY OR TOWN Baltimore	13d INSIDE CITY LIMITS?		
	ATHER'S NAME	DSTATMON	IS. MOTHER'S MAIDEN N		RIKUO
00	Frank	MIDDLE LAST	FIRST	WIDDLE	LAST
160	WAS DECEASED EVER IN U.S. AR	Ader Sr.		ADDRESS	zsnider
		217-01-(r 4309 Furley Ave	. 21206
	CAUSE OF DEATH (Enter or	nly one cause per line for (a), (b), and	(c).1		APPROXIMATE INT
	cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUEN		RMINAL DISEASE OR CONDITION GIV	/FN IN PART lig
No	Carre	morre 7 lel	-eder		
CERTIFICATION	190 DATE OF OPERATION 2 25 85	THE CONDITION FOR WHICH C	OPERATION WAS PERFORMED	IN CERTI	S, WERE FINDINGS US FYING CAUSES OF DEA S NO
7 8	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21¢ HOW INJURY OCCU	JRRED (ENTER NATURE OF INJURY IN ITEM 18	
73	OR CONTRIBUTING CAUSE OF DE.	ALIT CONTRACTOR OF THE PARTY OF	19		
7 WEDICAL	216 INJURY OCCURRED **ILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE, FA	21f LOCATION STREET	CITY OR TOWN	COUNTY
		ital) attended the deceased fram	2-23 19 8		19_85_ that
	saw the deceased alive on above, (Viwe) Idid) (Nd N	the body after death.	ond that in (my) (our) opinia	n death accurred an the dote and hou	and from the couses s
	12h SIGNATURE	elei)	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF	22c. DATE SIGNED
1	224 PHYSICIAN'S NAME THE	A rodu,	22e ADDRESS 1134	^	212
1	SUBJECT CONTROL OF THE STATE OF	5,221S	7620	YORK RP TOUS	on mo 3
	BURIAL, CREMATION, REMOVAL	23b. DATE 23c. N.	AME OF CEMETERY OR CREMATORY	73d. LOCATION	
230.	(SPECIFY)	3 / 1005 0+	Stanial and Camat		formal and
	Burial UNERAL DIRECTOR	3-4-1985 St	Stanislaus Cemet	AP 1 1005 Julian	Maryland PAR'S SIGNATURE

STATE OF MARYLAND



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TO HOSPITAL OR ATTENDING PHYSICIAN: The retained by the hospital or ottending physician.

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FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEDTIFICATE OF DEATH

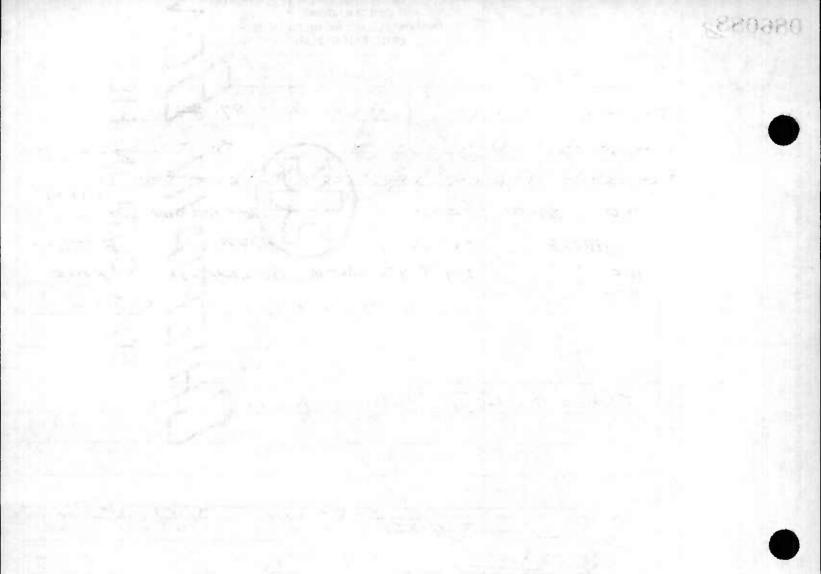
n	6	7	5	8
13	•	4		

		REGISTRAR				CERTII	ICATE OF DEATH	REG. N	10.		
		CEASED NAME	FIRST		MIDDLE	1	AST	2a. DATE OF DEATH	MONTH DAY	YEAR	2h HOUR
03	11172	JOH	IN		W.	AI	ER	March 4			4:13 a
	3. SE	(15.00	4 RACE		5. DATE C		6. AGE (IN YEARS LAST B	RTHDAY) IF UND	DER YEAR	IF UNDER 24 HRS HOURS MIN.
11	Ma.	le		White			20, 1909	75	YRS.		Mir.
16		RTHPLACE (STATE OR	FORE IGN	76 CITIZEN OF	WHAT COUNTRY?	8. MARRIE	NEVER MARRIED	9. BALTIMORE CITY	OR COUNTY OF D	EATH	
1	We:	st Virgini		U.S.A		WIDOWE	D DIVORCED	Baltimor	e County		М
	10 C	TY OR TOWN OF DE		(IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS)	PROTHER INSTITUTION	120 USUAL OCCUPAT		KIND O	F BUSINESS OF
10	_	wson		Greater	Baltimo	re Med	ical Center	Retired			Contrac
a control	130. 3	AL RESIDENCE (IF NURS STATE Cyland	ING HOME OR 1136. COUN Baltir	TY	130 CITY OR TOW		13d INSIDE CITY LIMITS?	13e STREET ADDRESS 520 Steve	/ ZIP CODE	16	21204
De	14. FA	THER'S NAME					15 MOTHER'S MAIDEN N	AME	mbon ban		
E /		FIRST	_	rnon	A1	er	Mildred	WIDDLE	T	homp:	
g .		VAS DECEASED EVER			166 SOCIAL SECU	JRITY NO.	17 INFORMANT	ADD		Home	5011
e medico	Ye	ES NO OR UNKNOWN)		WAR OR DATES)	213-10-5	716	Marion M.	Aler - Same	as #13e		
÷,		18 CAUSE OF DEAT	H (Enter onl	y one cause per	line for (a), (b), an	nd Ic-				BETWEEN	MATE INTERVAL ONSET AND DEATH
e >		PARTI. DEATH W		E CAUSE (a)	Metabol:	ic aci	dosis			5.1	
otic				DUE TO O	R AS A CONSEQU	ENCE OF			2 5		
E S		Conditions, if any	. which	(6)			nal_bleeding				
2		gove rise to imi	mediote) (0)_				S	. /		
othe		underlying cause		DUE TO, O	Colonia		ticulosis				
à	10	DART O CTUENCIC	LIEIC ANIT C	(c)			NOT RELATED TO THE TER				
nhury	NO	1.0		rhosis	SNIKIBUTING TO	DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR COR	IDII ION GIVEN IN	IPAKI ICO	1
oux	CERTIFICATION	19a DATE OF OPERA			ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206. IF YES, WER		
SWO	TIE							YES NO	YES E	CAUSES	NO [
8 1	CER	21a. ACCIDENT WAS UN		216. TIME C	FINJURY .M. MONTH D	AV VEAD	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJ	URY IN ITEM 18 PART I O	OR PART 2)	
E	¥	OR CONTRIBUTING		0	M. MONTH D	19					
- F	MEDICAL	21d. INJURY OCCUR		21e PLACE	OF INJURY		211 LOCATION	7			
ed	¥	WHILE NOT WE	TILE	(AT HOME ST	REET, FACTORY OFFICE,	FARM ETC)	STREET	CITY OR T	OWN C	OUNTY	STATE
morked		22a.1 certify that (I)	_	all attended th	a deceased from		3/2 19 85	to	3/4 19 8	25	that (I) (we) lo
21 is		saw the deceas		or, oriended in	3/4 19.8	85ar	nd that in (my) (aur) opinion		-, .	-	
вт 2	-	above, (1) (we) (1) 22b. SIGNATURE	did) (did	wew the body			DEGREE			22c. DATE	
If Hem		ZZB. SIGITATORE	11	Ju. 7	. 0.		ATTENDING	MEDICAL STA			
			714	Juny	M	77	PHYSICIAN	DIRECTOR PHYSI		3/04	/85
ATA		22d. PHYSICIAN'S N.		Penely	W D		22e ADDRESS				1001
MPORTANT		Rudiger	prest	enecker	, M.D.		6701 N. Char	les St. Bal	timore M	$^{\text{MD}}$ 2	1204
≤		URIAL, CREMATION,	REMOVAL	23b DATE	23ε. Ι	NAME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COU	INTY	STATE
_		emation		3-5-8	5 W	lestvi	ew	Baltimore			aryland
7/84	24 FL	INERAL DIRECTOR			100000	50 Yo	rk Rd. 25a. DA	ATE REC'D. BY REGISTRAL	25b. REGISTRAR'S		L
	Ruc	k Towson	Funera	1 Home		son, M	d.21204	MAR 6 1985	Julia Du	vidson	-Admodeble
								mrui O	1		•

DHMH - 16 60M 7/84 (VRA 15, 4)

STATE	OF MA	RYLAND)

0860883	1.	FOR STATE REGISTRAR		DEPARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL FICATE OF DEATH	HYGIENE 5 0	6 / 5 9
(, B, ,)		CEASED NAME FIRST A NN	A		1BURG	20. DATE OF DEATH MONTH	18 85 845 AM
ctor.	3. SE	Emale	4 RACE	5. DATE		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
neral dire	70. B	RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHA	AT COUNTRY? 8	ED NEVER MARRIED	9. BALTIMORE CITY OR COUR	
s after de by the fun de lied within	10 C	TY OR TOWN DE DEATH			OR OTHER INSTITUTION	170 USUAL OCCUPATION (IYPE OF WORK FOR MOST OF WORKIN	
filled in the ould be f	13a	A RESIDENCE (IF NURSING HOME OF LIGHT ATE	ROTHER INSTITUTION, GIVE NTY 13c.		13d INSIDE CITY LIMITS	S? 13e.STREET ADDRESS / ZIP CO	DDE 2 (22)
BALTIMORE, MARYLAND 2120 cate be executed within 24 haurs vysicion and completely filled in by apers. Pages 1 and 2 should be fill avoil.	14 F/	THER'S NAME FIRST ADOLF	WIDDLE	VIRSCH	15. MOTHER'S MAIDEN	NAME MIDDLE	BITTERS
IMORE,				SOCIAL SECURITY NO. -19 70 1436	17 INFORMANT LAVINIA	BAUM GARTNER	ABOVE
		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS) IMMEDIA		evere f	Hzhein	ier's duseas	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 4.
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., NG PHYSICIAN: The law requires that the death certificate this certificate has been signed by the attending plays the burial-transit permit. Then please remove carbane th and Mental Hygiene prior to burial, cremation, or removed or then 18 shows any injury, or ather traumatic eve		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	(b)	A CONSEQUENCE OF			
or signed Then ple or to burior, or	NOI	OSjevan	mitis	, Del	ydrati!	TERMINAL DISEASE OR CONDITION	ニレカ.
TAL RECC	CERTIFICATION	19a. DATE OF OPERATION		N FOR WHICH OPERATION		YES NOW IN CE	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO
ON OF VITA YSICIAN: TI fing physicia s certificate burial-transi Mental Hygi in fem 18 sh	MEDICAL CE	21g. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE	HOUR A.M.	MONTH DAY YEAR		CURRED (ENTER NATURE OF INJURY IN ITEM	18 PART 1 OR PART 2)
DIVISION ING PHYSI after this cas the bus th and Mer th and Mer orked or Ith	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF III	NJURY FACTORY, OFFICE, FARM ETC }	21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
A ATTENDIA haspital or RECTOR: A sed for use ipt, of Heali		220.1 certify that (H) (this hasp saw the deceased alive at above (H) (we) (did) (did)	3	118/085	nd that in (my) (our) opin	nion death accurred on the date and	hour and from the couses stated
F F Dock		27b. SIGNATURE	mb			G MEDICAL STAFF	3/19/85.
O HOSPITAL efoined by th TO FUNERAL! should be deto with the Store MADORTANT; If		22d. PHYSICIAN'S NAME (TYPE	DR PRINT)		Manos	care Rossvill	e md 21237
BP		SURIAL, CREMATION, REMOVAL SPECIFY BURIAL	3/21/8		- / // [TH BALTE	COUNTY STATE
DHMH - 16 60M 7/84 (VRA 15, 4)	24 F	JNERAL DIRECTOR	7 -	NADDRESS C	87-7100 25a.	MAR 2 6 1985	SISTRAR'S SIGNATURE



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIEN

040	1-	FOR STATE REGISTRAR	DEPA	RTMENT OF HEALTH AND MENTAL I	HYGIENÖ 🤤 REG. NO.	00/	0 0
OTO		Eleano	or M.	AMOROSO	March 28,	ONTH DAY YEAR	26. HOUR 10:20A
B)). SE)	4.	RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTH	DAY) IF UNDER LYEAR	R IF UNDER 24 H
10	f	-EMALE	White	JAN, 14, 192		YRS.	HOURS M
25	7a BII	AND AND THE PROPERTY AN	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore (County	
67	B	Altimore	NAME OF HOSPITAL, NULL US NOT IN SUCH FACILITY, GIVES	RSING HOME OR OTHER INSTITUTION MEET ADDRESS) PAURICE HOSPIHA	12a. USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF V	VORKING LIFE) INDUSTR	OF BUSINESS
135	USUA Ug. S	LESIDENCE (IF NURSING HOME OR OF OF ATE 131 SOUNT)	THER INSTITUTION, GIVE RESIDENCE BY 13c. CITY OR T	TIRE ADMISSION) WN 13d INSIDE CITY LIMITS YES NO A		IP CODE NWOOD K	diziz
030	4 FA	THER SHAME THIST WAS	DDLE LAST	15. MOTHER'S MAIDEN	MIDDLE	Aia	lent
Pages	160 V	AS DECEASED EVER IN U.S. ARMI	WAR OR DATES)	ECURITY NO. 17 INFORMANT 13-2116 MR. A/S	red Amoros	8611 Gar 50 BAHG.	Herrior Md212
by the ottending physical remove corbon-pap 1, cremotion, or removal other trainings, event, i		IS CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE Conditions, if ony, which gave rise to immediate cause (a), stating the underlying couse lost	DUE TO, OR AS A CONSE	GASystole Gastrointestinal OUENCE OF Chronic Gastro			XMATE INTERVAL MONSET AND DEA
Then ple 10 burio njury, ar	NO	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE T	ERMINAL DISEASE OR CONDI	TION GIVEN IN PART 1	ta
Por be	CERTIFICATION	1% DATE OF OPERATION	196. CONDITION FOR WH	ICH OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES	
aciticati iditati intol Hyg	5.415.1	210. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	216. TIME OF INJURY HOUR A.M. MONTH P.M.	DAY YEAR	CURRED (ENTER NATURE OF INJURY	IN (TEM 18 PART 1 OR PART 2)	5 76
ter this to the burner of the rhed or it	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AL WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	ICE, FARM, ETC.) 211 LOCATION STREET	CITY OR FOW	4 COUNTY	STATE
d for vite 1. of Healt n 21 is ma		22a. I certify that of this haspita sow the deceased alive on above, (4 (we) (did) (did nat)		9_85_, and that in (rand (aur) opin	85 , to March 2 tion death occurred on the date		
detoche one Dep		X Michael	Pelahu	DEGREE M.D. ATTENDIN PHYSICIAL		- 7/	L8/F_
PORTAN		22d PHYSICIAN'S NAME (TYPE ORE	Delahu	+ 220 ADDRESS 9000 Frai	nklin Square D	rive, 21237	7
F 5 3 3	23a B	URIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATO		COUNTY) STATE

DHMH - 16 50M 4/83

24 FUNERAL DIRECTOR (VRA 15, 4)

ANNINOLR. BALLS, M. D. 21224

Tendaloga IsadiA

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR - STATE 087076 REGISTRAR TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the should be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages 1 and 2 shauld be filled with the State Dept. of Health and Mental Hygiene priar to burial, cremation, ar remaval. DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours IMPORTANT: If Item 21 is marked at Item 18 shaws any injury, at other traumatic event, the medical axam

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH**

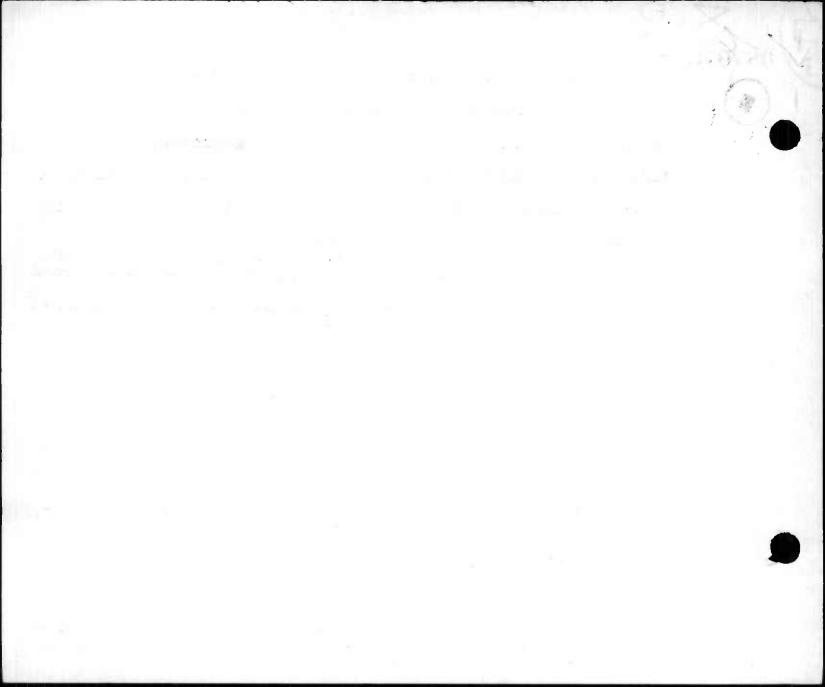
REG. NO

	CEASED NAME	FIRST		MIDDLE	L/	AST		20 DATE OF DEATH	MONTH	DAY YEAR	2b. HOU	IR
(TYP	E OR PRINT) Mrs	s. Ere	na M.	Ander	son			March	21 198	35		м
3 SE	Х	4.	RACE		5. DATE O			. AGE (IN YEARS LAST	BIRTHDAY)	IF UNDER 1 YEAR		
E	emale		Caucasi	an	Sept	ember 17 19	66	75	YRS	MONTHS DAYS	HOURS	MIN.
	IRTHPLACE (STATE OR	FOREIGN 7b	CITIZEN OF	WHAT COUNTRY	Y? 8.	□ NEVER MARR	IED	BALTIMORE CITY				
N	aryland		U.S.A>		WIDOWE		V	Baltimore	County	r		MD.
10. C	ITY OR TOWN OF DEA	ATH 11	. NAME OF I	HOSPITAL, NURS	SING HOME O	R OTHER INSTITUTI	ION	2a USUAL OCCUPA		12b. KIND (SSOR
	Randallstown			HEACILITY, GIVE STRE				Sales Pers		Stew	arts C	0.
13a.	AL RESIDENCE (IF NURS STATE Paryland	13b COUNTY Baltin	1	GIVE RESIDENCE BEFO 13c. CITY OR TO Randal	ORE ADMISSION) OWN Lstown	134 INSIDE CITY LI	MITS?	3e STREET ADDRES 3621 Temp	S / ZIP CO Lar Roa	DE Id	212	:07
14. F	ATHER'S NAME		an.s	LAST		15 MOTHER'S MAI						
E	Inrico Todero	Mil	DDLE	FW2I		Mariett		ogulia		LA	51	
16a \	WAS DECEASED EVER		D FORCES?	16b. SOCIAL SE	CURITY NO.	17 INFORMANT	liam J	. DePuey ADD	RESS		211	33
1	YES, NO OR UNKNOWN)	(IF YES, GIVE W	VAR OR DATES]	219-10-	-0113	3621 Te	mplar	Road	Randal	lstown	Maryl	and
	18 CAUSE OF DEAT	H (Enter only	one couse per	line for (a), (b), (and (c).)	· · · ·				APPRO) BETWEEN	XIMATE INTER	DEATH
	PART I. DEATH W	AS CAUSED I		Coen	un of	Luni	3 W	18 testa		4	mon	1/1.
			DUE TO O	r as a conseo	DUENCE D	0						
	Conditions, if any		(b)_									
	gove rise to imi		DUE TO. O	R AS A CONSEO	UENCE OF							
	underlying couse	lost.	(c)_									
_	PART 2 OTHER SIGI	VIFICANT CO	NDITIONS CO	ONTRIBUTING TO	O DEATH BUT	NOT RELATED TO T	HE TERMIN	AL DISEASE OR CO	NDITION C	SIVEN IN PART 1	a	
CERTIFICATION		11011	Lin cour		0050 4710			Los AUTORSYS	201 15 1	ES, WERE FINDI	NCCHER	
Ş.	190 DATE OF OPERA	IION	196 COND	ITION FOR WHIC	.H OPERATIO	N WAS PERFORMED)	20a AUTOPSY?	IN CER	TIFYING CAUSES	S OF DEAT	TH?
ERT	21g ACCIDENT WAS UN	DERLYING [21b. TIME O	E IN HIRY		121r HOW IN ILIPY	OCCUPPE	YES NO		YES DEPART 2	NO [
	OR CONTRIBUTING	CAUSE OF DEATH	HOUR A.	M. MONTH		THE HOW BOOK!	OCCORRE	D TENIER NATURE OF IT	ONT IN HEM H	B PARTIOR PARTS		
MEDICAL	116 INJURY OCCUR		P.		19	211 LOCATION						
W.	WHILE NOT WI	HILE []		REET, FACTORY, OFFIC	E, FARM, ETC)	STREET		CITY OF	IOWN	COUNTY	5	TATE
	22a I certify that	KK) attended th	e deceased from	n	10	72	to	7/21	10 85	that (I)	we) last
	sow the deceas	ed olue-on	3	13 19	6-3	d that in (hy)(our)	opinion de	oth occurred on the	date and h	our and from the		
	22b. SIGNATURE	did)(did not)	view the body	ofter death.	[DEGREE					ESIGNED	
		1117	17.1	m		ATTEN	DING	MEDICAL S'	AFF	3/	22/25	5
	22d. PHYSICIAN'S N.	AME (TYPE OR P	RINT)			22e. ADDRESS	ICIAIN (IS)	DIRECTOR [] TITL	JICIAN [
	Dr. G	erald	Osyter									
	BURIAL, CREMATION,		23b. DATE	23	r. NAME OF C	EMETERY OR CREM	ATORY	23d LOCATION		40.		
1	Burial		03-25-8			aly Redeemer	•	Baltimor	е	COUNTY	Mary	and
	UNERAL DIRECTOR	Loring	Byers F	meral Dir	rectors,	Inc.	25a. DATE	REC'D. BY REGISTR	AR 256 REGI	ISTRAR'S SIGNA	Hande	92_
1	8728 Liberty	Road Rar	dallsto	m, Maryla	and 21133	3	MAF	22 1985	7	h in the families .		

DHMH - 16 50M 4/83 (VRA 15, 4)

etained by the haspital or attending physician

TO HOSPITAL



DHMH - 16 50M 4/82 (VRA 15, 4)

Ruck Towson Funeral Home Ine Ine Ine

3/15/85

Burial

24 FUNERAL DIRECTOR

1050 York Rd

250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURELESS.

2b. HOUR

IF UNDER 24 HRS

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21093

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

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	this certificate has been signed by the ottending physician and completely filled in by the funeral director.	he buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 hours offi	0	
	omple	Jand		1
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TO HOSPITAL CONTITENDING PHYSICIAN retained by the hospital or attending physician	TO FUNERAL DIRECTOR: After this certifice should be detoched for use as the buriol-tro	with the State Dept. of Health and Mental H	IMPORTANT: If them 21 is morked or Item 18
BP.			_
DHMH	- 16 6 RA 15	00	7.

	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE	8
LE	LAST	20. C	ATE

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	1 -	FOR STATE REGISTRAR			DEPART		EALTH AND MENT		IE 8 D	0	6 / 6))
		CEASED NAME	FIRST		MIDDLE	ı	AST	20	DATE OF DEATH		DAY YEAR 2b	HOUR
	(TYPE	OR PRINT)	lizabe	th	Greis	Ar	ndts		Ma	arch 1	4 185	AA
	3 SE)			4 RACE	G= 015	S. DATE C	OF BIRTH	6	AGE (IN YEARS LAST BIR	RTHDAY)	IF UNDER I YEAR IF	UNDER 24 HRS
		Female		White			ch 20 18		86	YRS		OURS MIN.
Y	(RTHPLACE (STATE OR	FOREIGN		WHAT COUNTRY	? 8 MARRIE	D NEVER MARRI	ED 🗆 9	BALTIMORE CITY C			
		ew York		USA		WIDOWE			Baltim			MD.
9		ty or town of de Timonium		(IF NOT IN SUC	HOSPITAL, NURSI CH FACILITY, GIVE STREE reherne	T ADDRESS)	OR OTHER INSTITUTION 21093	- {1	a. USUAL OCCUPAT TYPE OF WORK FOR MOST O Practical	OF WORKING LIFE		
-	USUA	AL RESIDENCE (IF NUR	SING HOME OR	OTHER INSTITUTION	GIVE RESIDENCE BEFO	RE ADMISSION)					q wear	cai
		STATE	13b COUN		13c. CITY OR TO		YES NO		e.STREET ADDRESS		04 210	10.2
		aryland ATHER'S NAME	Daiti	more	Timoni	um	15 MOTHER'S MAI		225 Treh	erne r	.d., 210	193
6)	FIRST	٨	AIDDLE	LAST		FIRST		WIDDLE		LAST	
100	160 \	Henry VAS DECEASED EVER	INIIS ADA	AED EOPCES?	Greis		Jenn 17 INFORMANT	ne	ADDR	ESS	Labe	erty_
		YES, NO OR UNKNOWN		WAR OR DATES)				1 7			m. 1	D 4
		No		-			Mr. Rich	ard F				
		PART 1. DEATH V	VAS CAUSED	BY:			stive hea	rt fai	210 Llure	93	APPROXIMAT BETWEEN ONSE	ET AND DEATH
			IMMEDIAII	E CAUSE (o)								
		Conditions, if ony	which	DUE TO, O	R AS A CONSEOL	JENCE OF A	ortic ins	uffici	lency			
		gove rise to im	mediote	(b)_					,	-		
		underlying coust		1	r as a consequ	JENCE OF	Water Street				1000	
		DART 2 OTHER SIC	NUEIC ANIT C	(c)	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO T	HE TERMINI	AL DISEASE OR CON	DITION CIVE	ENLINEDADT 1:-	
	N	Renal			DIALKIPOLING IO	DEATH BUT	NOT RELATED TO I	HE LEKWINA	AL DISEASE OR CON	DITION GIVE	IN IN PART TO	
-	CERTIFICATION	190 DATE OF OPERA			ITION FOR WHICH	H OPERATIO	N WAS PERFORMED		20a AUTOPSY?	20b. IF YES,	, WERE FINDINGS	SUSED
ř	FIC								YES TO NOT	IN CERTIFY YES	YING CAUSES OF	DEATH?
-	ERT	21a, ACCIDENT WAS UN	DERLYING	21b. TIME C	OF INJURY		121c. HOW INJURY	OCCURRED	(ENTER NATURE OF INJU			40 []
		OR CONTRIBUTING	CAUSE OF DEAT			DAY YEAR	- 12 L					
	MEDICAL	(IF EITHER NOTIFY MED			M. OF INJURY	19	211 LOCATION					
	ME	WHILE NOT W	ние П		REET, FACTORY, OFFICE	FARM ETC }	STREET		CITY OR TO	IWN	COUNTY	STATE
		22a.1 certify that (I		al) attended th	e deceased from	Ju	ne 8	76	March	14	10 85 that	t (1) (3%) lost
		sow the decess obove, (1) ()	sed olive on	March	13 19 (0.5	nd that in (my) (Mar)		, 10	ote and hour	, 1110	
		22b. SIGNATURE	1	view the body	Oner decini.	1	PEGREE				22L DATE SY	NED
		Do	rale	701	our	- Ko	ATTEN PHYSI	DING K	MEDICAL STA DIRECTOR PHYSIC		3/15/8	35
		22d. PHYSICIAN'S N	AME (TYPE OR	PRINT)			22e ADDRESS				//	
				Vood, 1					nmeadow	Rds.,	21093	
	23a B	BURIAL, CREMATION	, REMOVAL	23b. DATE			EMETERY OR CREM.		23d. LOCATION		COUNTY	STATE
		Burial	241	3/16/	85 D	ulane	y Valley		Timoniu		Balto.	Md.
		JNERAL DIRECTOR			ADDRESS				EC'D. BY REGISTRAR	256 REGISTR	RAR'S SIGNATURE	della
	Br	yan W. C	lary,	10 W.	Padonia	Rd.	21093	MAR	1 8 1985	W Lia	evidson-Ran	

AT Market Mr. St. 1911 Sec. 19 No. 1911

FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES **CERTIFICATE OF DEATH**

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TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed with 6.24 point other death. Page 4 may be retained by the haspital or attending physician.	TO FUNERAL DIRECTOR. After this certificate hos been signed by the attending physician and completely liked in by the uneral director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbonoppers. Putted and 7 that the literal prior to buriol, cremotion, or removal.
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

		OR PRINT)	ATYS		E.	AR	ASTARNOLD	3.24	MONTH DAY	YEAR	12:45 PM
	3. SEX	Jemas	e	RACE	hite	5. DATE C	DE BIRTH DAY YEAR 19 10	6. AGE (IN YEARS LAST BIR		DER I YEAR	IF UNDER 24 HRS. HOURS MIN.
1		RTHPLACE (STATE OF F	OREIGN 76	CITIZEN OF V	VHAT COUNTR	Y? 8.	D NEYER MARRIED	9 BALTIMORE CITY O	R COUNTY OF	DEATH	
7	100	ryland		45	A	WIDOWE	_	BALT	IMOR	e (-O. MD.
1		TY OR TOWN OF DEA	TH 11		OSPITAL, NUR		OR OTHER INSTITUTION	12a USUAL OCCUPATI		ME KIND O	F BUSINESS OR
1	100	wsoņ	/	MAH	ORC	ARE	RUXTON	Owner			y Store
5	13a. S	AL RESIDENCE (IF NURS TATE aryland	Harfo	1	13c. CITY OR TO Forest	NWC	13d. INSIDE CITY LIMITS? YES NO 🔀	13e STREET ADDRESS / 1300 Boggs		21	L050
1		THER'S NAME FIRST		DDLE	Stewa	rt	15. MOTHER'S MAIDEN NA	ME MIDDLE LOU		Fran	
2		AS DECEASED EVER		D FORCES?	166 SOCIAL SE	CURITY NO.	17. INFORMANT	1300 F	Soggs Ro	ad	
4		No	(1) 123, 0142 4	VAR OR DATES)	213-10	-4950 <i>1</i>	Beverly Kre	ahe	hill. M		1050
		18 CAUSE OF DEAT PART I. DEATH W		CAUSE (a)	Pares	no/	Breach	Lucia		BETWEEN C	MATE INTERVAL DINSET AND DEATH
		Conditions, if any, gove rise to imm cause (0), statin underlying cause	nediate g the	(b) <u>C</u>	AS A CONSEC	pari	10	my		1	
	CERTIFICATION	PART 2. OTHER SIGN				24	NOT RELATED TO THE TERM N WAS PERFORMED	NINAL DISEASE OR CON	20b. IF YES, WE	RE FINDIN	VGS USED
	TIFIC							YES NO	IN CERTIFYING	G CAUSES	OF DEATH?
7		210. ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER, NOTIFY MEDI	AUSE OF DEATH	21b. TIME OF HOUR A.A P.A	A. MONTH	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I	OR PART 2)	
	MEDICAL	216 INJURY OCCURI	HLE	21e PLACE C	OF INJURY SET, FACTORY, OFFI	12-	21f. LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
		220.1 certify that (1) saw the decease obove, (1) (we) (c	ed alive on_		19	m	nd that in (my) (our) opinion	death accurred on the de	19_ ate and hour and		that (1) (we) last causes stated
		22b. SIGNATURE	Hiv.	T. 14	ees	1	DEGREE ATTENDING PHYSICIAN	MEDICAL STA	FF IAN [22c. DATE	SIGNED
		22d PHYSICIAN'S NA	Les T	RINT)	FES		22e. ADDRESS	Khen hu	d >11	11	
		URIAL, CREMATION,	REMOVAL	23b. DATE	2:	3c. NAME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	co	UNTY	STATE
		Burial		3-27-	85	Druid 1	Ridge Cemeter	y Pikesvil			MD
	24 FU	INERAL DIRECTOR			ADDRES	s 1050	York Rd. 250. DAI	E REC'D. BY REGISTRAR	256: REGISTRAR	SSIGNAT	URE SARO
	Ru	ck Towson	Funera	al Home	, Inc.	Towson	MD 21204 MA	COEL 0 7 11			In all the

DHMH - 16 50M 4/83 (VRA 15, 4)

IMPORTANT: If Item 21

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALLIMORE, MARYLAND 21201	10
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer death. Page 4 may be refounded by the hospital or attending physicion.	CO
TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corban popularity and 2 should be detached for use as the burial-transit permit. Then please remove corban popularity and 2 should be reliable on Mental Hygiene prior to burial, cremation, or remove	חלי
IMPORTANT: If them 21 is morked or them 18 shows any injury, or other troumotic event, the medical committee matter of date.	1

STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL I	HYGIENE
CERTIFICATE OF DEATH	

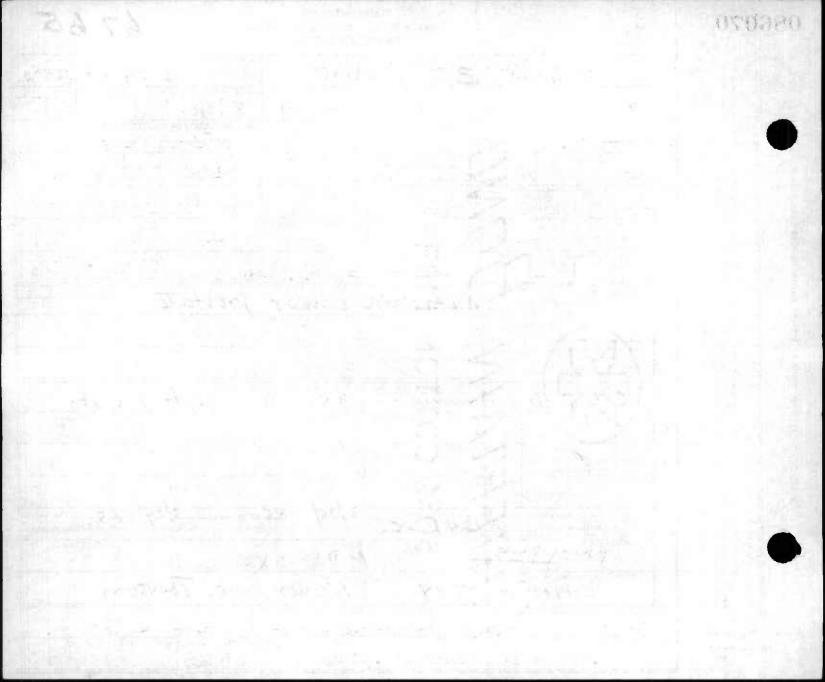
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	1 -	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH REG. NO.									
			Villiam	Edward .	2	DATE OF DEATH MO	- 24-8-	26 HOUR 3 45 AM			
	3. SE)	M	4 RACE White		5 DATE C	DAY 9	AR	AGE (IN YEARS LAST BIRTHD)	YRS.	AYS HOURS MIN.	
5	Ba.	RTHPLACE (STATE OR FOREIGN COUNTRY) ltimore, Md.	US		WIDOWE		ED []	Baltimore Baltimore		H MD.	
1	, 1	TOWSON	MAND	ROLLE STREET A	1120	OR OTHER INSTITUTION	ON 12	o USUAL OCCUPATION TYPE WAR FOR MOST OF WI	ORKING LIFE) INDUS	of Business OR TRY igion	
5	Maı	AL RESIDENCE (IF NURSING HOME OF TATE 136. COU ryland Hari		GIVE RESIDENCE BEFORE 13c. CITY OR TOWN Joppa	ADMISSION)	13d. INSIDE CITY LIA	X	street address 1100 Philac	delphia R	toad 21085	
	/		mmerfie			15. MOTHER'S MAIL Carri		WIDDLE	Koch	LAST	
2		VAS DECEASED EVER IN U.S. AI YES, NO OR UNKNOWN) (1F YES, GI	RMED FORCES? VE WAR OR DATES)	220-34-7		John H.S	.Aust	in, 1100 Ph	Joppa, Md iladelphi	a Road	
1		18 CAUSE OF DEATH (Enter o PART I. DEATH WAS CAUSI IMMEDIA	nly one couse per ED BY: TE CAUSE (o)	Metas)	afic	cance	2.8	prostate	D. BETW	PROXIMATE INTERVAL VEEN ONSET AND DEATH	
		Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse last.	(b)	r as a consequei	_						
_	ATION	PART 2 OTHER SIGNIFICANT C-O-P-J 196. DATE OF OPERATION	DOA	nemia	- 1	NOT RELATED TO THE	19)	Left	ON GIVEN IN PAR	A.	
	CERTIFICATION				DECKATIO			YES NO	YES [JSES OF DEATH?	
1		210 ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	ATH HOUR A.	FINJURY M. MONTH DA M.	Y YEAR	21c. HOW INJURY	OCCURRED	ENTER NATURE OF INJURY IN	TEM 18, PART 1 OR PAR	(2)	
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE ((AT HOME, STR	OF INJURY REET, FACTORY, OFFICE, FA	RM, ETC)	21f LOCATION STREET		CITY OR TOWN	COUNT	Y STATE	
		220.1 certify that (I) (this hasp sow the deceased alive or above, (I) (we) (did) (did no	3	20/198	, or	20, 19, 19 d that in (my) (our) i	opinion dea	th occurred on the date	ond hour and from	, that (I) (we) lost the couses stated	
		22b. SIGNATURE	anel			M D ATTENI	DING X	MEDICAL STAFF DIRECTOR PHYSICIAN		ATE SIGNED	
		22d, PHYSICIAN'S NAME (TYPE	OR PRINT)	TUN		Manu	or C	are To	wson	•	
	23a B	BURIAL, CREMATION, REMOVAL SPECIFY) Burial				EMETERY OR CREMA		23d LOCATION CITY OR TOWN ETV. JOPPA	Harford	Md.	
		UNERAL DIRECTOR OWARD K. McCome						EC'D. BY REGISTRAR 25b.	REGISTRAR'S SIG		

DHMH-16 30M 2/80 (VRA 15, 4)

BP.



23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

300 MACE

IF UNDER I YEAR IF UNDER 24 HRS 9 BALTIMORE CITY OR COUNTY OF DEATH COUNTY INDUSTRY 21224 LAST AYERSMAN APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [COLINITY STATE 22c. DATE SIGNED STATE GISTRAR 256, REGISTRAR'S SIGNATURE

2b. HOUR

DHMH - 16 50M 4/B2 (VRA 15, 4)

BP.

23a. BURIAL, CREMATION, REMOVAL

6. CONNELLY

TO HOUSE THE STATE OF THE STATE Market Market Comment of the Comment ALL STREET, AND STREET, AS A PROPERTY OF A PROPERTY OF STREET

5	FOR STATE	DEPAR	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH		6 7 6 7
	REGISTRAR DECEASED NAME FIRST TYPE OR PRINT) VIR	GINIA Staub	LAST	REG. NO. 20. DATE OF DEATH MONTH 3	DAY YEAR 26 HOUR 4 85 5:20A
	FEMALE	4 RACE White	5. Date of Birth July 25, 1913	6 AGE (IN YEARS LAST BIRTHDAY) 71 YRS	IF UNDER 1 YEAR IF UNDER 24 H
35	BIRTHPLACE ISTATE OR FOREIGN COUNTRY) Maryland	76 CITIZEN OF WHAT COUNTRY USA	MARRIED NEVER MARRIED		UNTY
5	T OWS ON	(IF NOT IN SUCH FACILITY, GIVE STRE	SING HOME OR OTHER INSTITUTION LET ADDRESS! CHARLES ST.	120 USUAL OCCUPATION ITYPE OF WORK FOR MOST OF WORKING LI HOMEMAKET	126 KIND OF BUSINESS INDUSTRY
35	Maryland Ba	DUNTY 13th CITY OR TO TOWS ON THE TOWS ON TOWS.	YES NO Y	302 E. Joppa R	d. 21204
30	John T. Stau		15. MOTHER'S MAIDEN N	MIOOLE	LAST
medicol 166	a. WAS DECEASED EVER IN U.S. (1F YE:	ARMED FORCES? 16b. SOCIAL SEC 5. GIVE WAR OR OATES) 577-01		2950 WYTson A	22124
event, th	PART I. DEATH WAS CA	er only one couse per line for (0), (b), USED BY: DIATE CAUSE (0) CARD	IOPULMONARY ARRE	ST	APPROXIMATE INTERVA BETWEEN ONSET AND DE 15 MIN
rtroumotic	Conditions, if ony, which gove rise to immediate couse (a), stating the				2 WKS
or othe	underlying couse lost	CVA			2 WKS
injury.		ANEMI	O DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION GIV	VEN IN PART 118
8 shaws ony injur	190. DATE OF OPERATION		CH OPERATION WAS PERFORMED	IN CERTI	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES NO
	OR CO. HOUSE HAVE A	FDEATH HOUR A.M. MONTH		RRED (ENTER NATURE OF INJURY IN ITEM 18 I	PART I OR PART 2)
orked or life	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC		CITY OR TOWN	COUNTY STATE
n 21 is ma	abave, (1) (we) (did) (di	ospital) attended the deceosed from a son 3/14 19 d not) view the body after death.		to 3/14	
ZT. F Reg	22b. SIGNATURE	leyen my		MEDICAL STAFF DIRECTOR PHYSICIAN	221. DATE SIGNED
IMPORTANT: IF	D. MEYER,		22e ADDRESS GBMC - 67	D1 N. CHARLES	ST.
23	BURIAL, CREMATION, REMO	VAL 23b. DATE 23 3/16/85	NAME OF CEMETERY OF CREMATORY Druid Ridge	Pikesville. Ba	I to. Co. Md.

6500 York Rd.

Mitchell-Wiedefeld Home, Inc. Balto., Md.21212

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

all line and the second it. YUNUY ERANITA The sale la lti ca se ils ils vice of the contract o . (a safight . 1 gh-bess il S.E. i i c i e ille lt. , d itsell is at mo, coalto 12.2 is any injury, or other traumatic event, the medical

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and should be detached for use as the buriol-transit permit. Then please remove corbon papers. Pages with the State Dept. of Health and Merirol Hygiene prior to buriol, cremation, ar remaval. IMPORTAL: If them 21 is marked or item 8 stages any injury, or other traumatic event, the medical

retained by the hospital ar attending physician.

BP.

DHMH - 16 60M 7/B4

(VRA 15, 4)

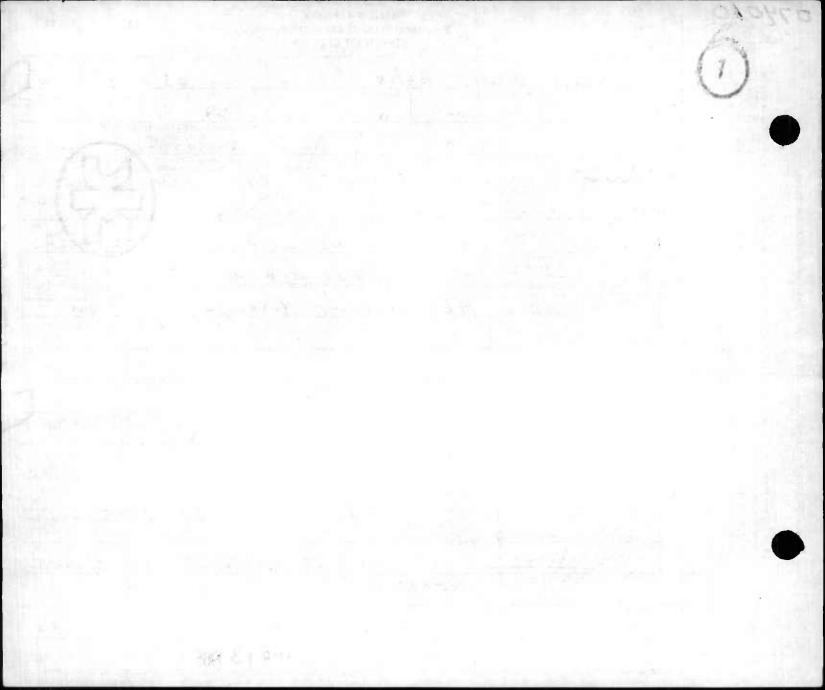
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CHAS . S , + SON

FOR - STATE	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HY
REGISTRAR	CERTIFICATE OF DEATH

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ARTMENT OF HEALTH AND MENTAL HYGIENE		U	O	1	9	0
CERTIFICATE OF DEATH						

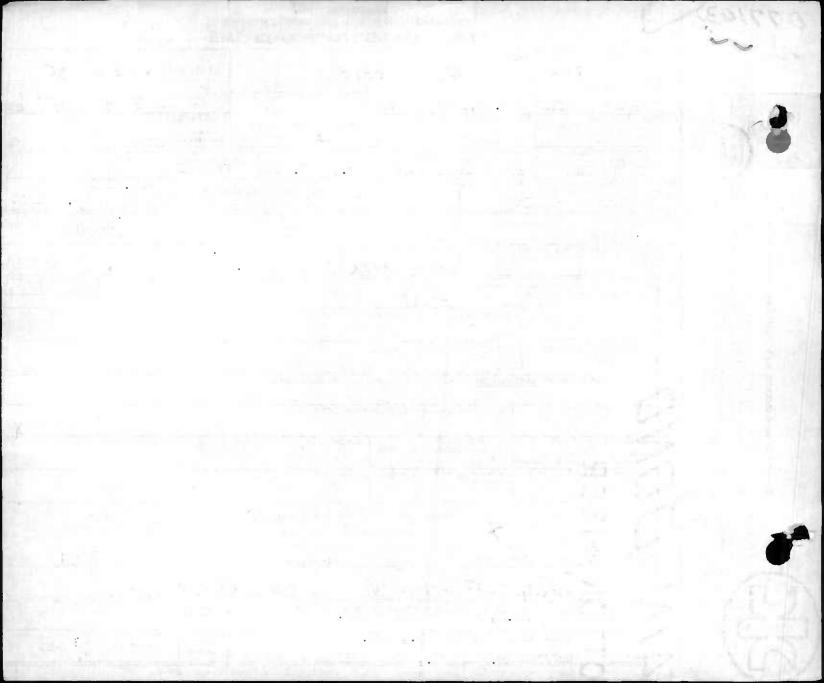
н		REGISTRAR			CERTIF	ICATE OF DE	AIR	REG. NO	5.			
Ī		EASED NAME FIRS	T .	WIDDLE	ı	LAST		2a DATE OF DEATH	MONTH DAY	YEAR	26 HO	UR,
1	(ITPE (Elean 61	R MAR	GARET	BAIER			C	3 10	85	/	D M
3	SEX		4 RACE		5. DATE C			6 AGE LIN YEARS LAST BIRT	IHDAY) IF U	INDER I YEAR	IF UNDER	
1		female		Lasian	MONTH	DAY OS	YEAR VG	68	YRS	INS DATS	HOURS	MIN.
7		THPLACE (STATE OR FOREIGN	76 CITIZEN	OF WHAT COU	NTRY? 8.	D X NEVER M.	ARRIED -	9 BALTIMORE CITY O	R COUNTY OF	DEATH		
1	3	JARY JARA	\	A. C.C	WIDOWE	DIVID	ORCED _	BAHO	3. Co	out	~	MD.
L	O CIT	KOSS VILLA		OF HOSPITAL, N			NOITUI	120 USUAL OCCUPATION		126 KIND O	F BUSIN	ESS OR
4	4.0	ASSESSED -	MAN	1 1 100		VILLE		Nomema	P37			
1	USUA 130 ST	L RESIDENCE (IF NURSING HO TATE 13b. C	OUNTY	13t. CITY O		13d. INSIDE CIT	Y LIMITS?	30. STREET ADDRESS	ZIP CODE	50 5	6 1	11334
1	4 FAI	THER'S NAME				15. MOTHER'S						
1	1	HENRY	MIDDLE	KER	MER		RST CARLE	MIDDLE		But	TUE	R
1		AS DECEASED EVER IN U.S	S. ARMED FORCE		L SECURITY NO.	17 INFORMAN		ADDRE				
L	(16	No -	ES, GIVE WAR OF DATE	212-0	59-7420	GEORG	E A	. BAIER	326.5	5-MAG	CONS	T.
		18 CAUSE OF DEATH (Ent. PART I. DEATH WAS CA		per line to 10	bi, ongoci	- 6	1 -			BETWEEN	IMATE INTE ONSET ANI	RVAI D DEATH
ı	П		DIATE CAUSE to	172	zneir	ners	aus	ease		7	22.	
			DUE TO	O, OR AS A CON	SEQUENCE OF			(sere	re)	0		
1		Conditions, if any, which)								
1		gove rise to immediat		O. OR AS A CON	SEQUENCE OF							
		underlying couse los	1 (1								
1	ı	PART 2 OTHER SIGNIFICA	ANT CONDITION	S CONTRIBUTIN	G TO DEATH BUT	NOT RELATED T	O THE TERMIN	NAL DISEASE OR CONT	DITION GIVEN	IN PART 116	3	
1	NO.											
	A.	190 DATE OF OPERATION	19b CC	NDITION FOR V	VHICH OPERATIO	N WAS PERFOR	MED	20a AUTOPSY?	206 IF YES, W			
1	CERTIFICATION							YES NOW	IN CERTIFYIN	G CAUSES	NO [
	E E	210. ACCIDENT WAS UNDERLYIN		E OF INJURY		21c. HOW INJ	JRY OCCURRE	D (ENTER NATURE OF INJUR	Y IN ITEM 18 PART	I OR PART 2)		
		OR CONTRIBUTING CAUSE (OF DEATH	P.M.	H DAY YEAR							
1	MEDICAL	21d. INJURY OCCURRED		CE OF INJURY	14	211 LOCATION	4					_
1		WHILE NOT WHILE AT WORK	LAT HOM	E. STREET FACTORY	OFFICE, FARM, ETC.)	STREET		CITY OR TO	WN	COUNTY		STATE
١	- 1	220.1 certify that (1) (this		al also also so a	1.	1/15/	10 861	37	10/10	55	4	
١	-1	sow the deceased aliv	ve on 3	110/	C	nd that in (pay) (c	our) opinion de	eath occurred on the do	ste and hour ar		that (1) (
1	ŀ	obove, HT (we) (did) H	not) view the b	ody offer death.	-	DEGREE				22¢ DATE	SIGNED	_
	-	world	fun,	<u> </u>		M.D. AT	TENDING HYSICIAN	MEDICAL STAF		3/	11/8	25.
1	- 1	22d. PHYSICIAN'S NAME (TYPE OR PRINT)	11/-1 -	-8700	22e ADDRESS	,	.0	1.6	/		
1		DR.T	nui	700	0100	Mar	ror C	are Ro	58VI//	e.		
		JRIAL, CREMATION, REMO			23c NAME OF C	EMETERY OR CE	EMATORY	23d. LOCATION	40.	OUNTY		PATATE .
	12	BURIAL	3-	13-85	OAK	LAWN	CEM.	EASTWO	OD, BA	1470 . 0	10. A	175-
1	4 FUI	NERAL DIRECTOR			2007/4		25a DATE	REC'D. BY REGISTRAR	25 REGISTRAF	R'S SIGNAT		
		789/18R	CHAS.S	+SON ADI	6224 E	ASTERN K	W. MAF	7 1 3 1985	511	37.		



6010 REISTERSTOWN RD. BALTO, MD

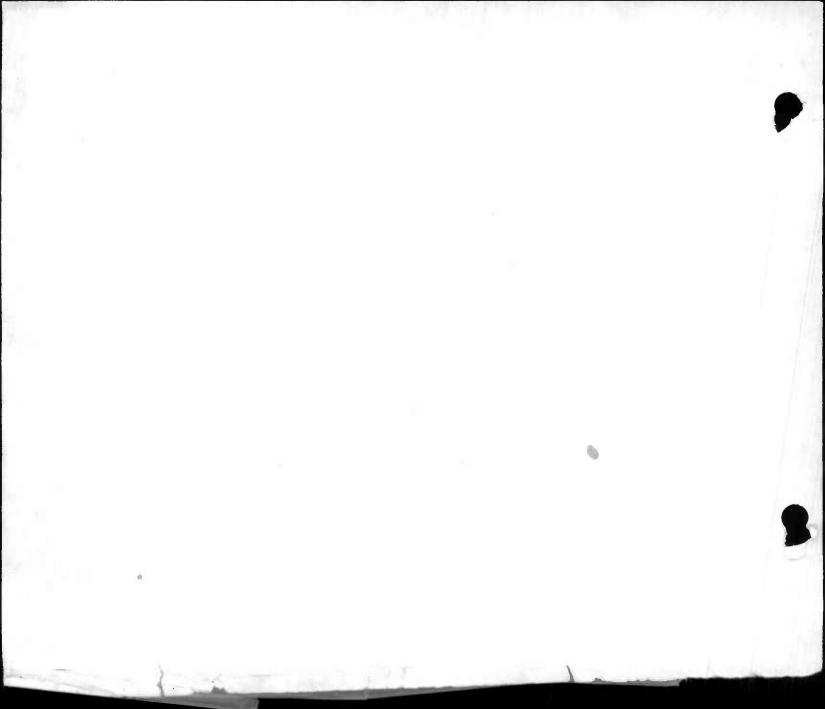
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20M 4/82



VOIDED DEATH CERTIFICATE NUMBER 85-06770

April 1, 1985 death Balto. Co.



FOR

STATE
REGISTRAR

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INISION OF VITAL RECORDS, 201 W. PRESTON ST., BALLIMORE, MARTLAND ZI	es es	
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	TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hai	retorned by the hospitol or attending pr

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

0	la	7	7	- 1
	6	-		

		REGISTRAR				CERTIFI	ICAIL OI	PEATH	REG	NO.				
		CEASED NAME	FIRST		MIDDLE	1	LAST		2a DATE OF DEATH	MONTH	DAY	YEAR	26. HOL	
-	11112	OK PRIIGI)	RAYMO	OND	Α.	B	ARNES			3	11	85	4:3	0 P
	3. SE)	X		4. RACE		5 DATE C		YEAR	6 AGE (IN YEARS LAST	BIRTHDAY)	IF UNDE	UAYS	IF UNDER	R 24 HRS
	,	Male		White		7		04	80	YRS	NO THE	UAIS	HOURS	MIN.
1		RTHPLACE (STATE OF	R FOREIGN	76 CITIZEN OF	WHAT COUNT	RY? 8.	D & NEVER		9 BALTIMORE CIT	OR COUN	TY OF DE	ATH		
2		Maryland		U.S.		WIDOWE		NORCED	Balto.	County	Z			MD.
1	10 CI	Towson				RSING HOME C REET ADDRESS) ed. Ctr		NOITUTIT	12a USUAL OCCUP (TYPE OF WORK FOR MO Salesma	ST OF WORKING	LIFE) IND	USTRY	Est	
5	13a S	AL RESIDENCE (IF NUI STATE Md.	13b COUN	OTHER INSTITUTION	GIVE RESIDENCE BE	OWN	13d. INSIDE	ио б	13e STREET ADDRES		•	212	04	
	14 FA	Allan	P	T.	Barnes			'S MAIDEN NA/ FIRST garet	ME MIDDLE	E.	Lar	nbdi		
		VAS DECEASED EVE		MED FORCES?	166 SOCIALS	ECURITY NO.	17 INFORM	ANT	ADI	DRESS 863	35 Rc	ocko	ak R	d.
	()	Unkn.	(IF TES, GIVE	WAR OR DATES	223-16-	-3704	Mrs	. Martha	a A. Barne		Balto			
		I8 CAUSE OF DEA PART I. DEATH V	WAS CAUSE	BY: E CAUSE (a)	R AS A CONSE	puel	ong	Farl	ne		- 8	ETWEEN C	MATE INTER	DEATH
	7	Canditians, if an gove rise to in couse to state underlying couse	ing the	(c)_	R AS A CONSE	mon	NOT RELATE	ll L	INAL DISEASE OR CO	: ONDITION G	IVEN IN I	PART 1(4	0	
	CERTIFICATION	190 DATE OF OPER	ATION	196 COND	ITION FOR WH	ICH OPERATIO	N WAS PERF	DRMED	200 AUTOPSY?	IN CERT	ES, WERE			TH?
?		21a. ACCIDENT WAS UI	CAUSE OF DEA	1111	M. MONTH		21c. HOW I	VJURY OCCURE	RED (ENTER NATURE OF I	-		PART 2)		
	MEDICAL	21d INJURY OCCUI	RRED	21e PLACE	M. OF INJURY REET FACTORY, OFF	19	211 LOCAT STREE	ON	CITY OF	NOWN	CO	YIMU	5	STATE
		22a. I certify that (saw the decea	sed olivers white white no	wew the body		· 85 1	DEGREE	ATTENDING PHYSICIAN	. to3 death accurred on the					
		BURIAL, CREMATION		236 DATE		23c NAME OF C	224. ADDRE		23d. LOCATION CITY OR TOWN		COUN	ity /	,	STATE
	74 FI	Remov	al	3/1	1/85			ISS DAT	E DECID BY DECISTO	A DI SEL DE SE	CTD A DIC	51011.7	LIDE	
	27 1	NAME	atomy	Board	ADDRE		o., Md	3.4 A F	R 21 1985	aki zon REGI	David	SIGNAT	andel	2

DHMH - 16 50M 1/81 (VRA 15, 4)

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TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physicion and should be detached far use as the buriol-transit permit. Then please remave carbonpapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

IMPORTANT: If Item 21 is morked of Item 18 shows ony injury, or other troumotic event,

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES

T TO	- STATE REGISTRAR		CERTIFICATE OF DEATH	REG. N	0.
	ECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH	MONTH DAY YEAR 26. HOUR
	ELIZABETH	0	DARNICKEL		3-31-1985 3
3. SI	EX	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIR	MONTHS DAYS HOURS
1	K	LAURASIAN	8-28 1900	80	- YRS
7a E	COUNTRY)	Th. CITIZEN OF WHAT COUNTRY?	8. MARRIED ANEVER MARRIED	9 BALTIMORE CITY C	OR COUNTY OF DEATH
1	03A-MD	659	WIDOWED DIVORCED		o. Po.
0	BALTA. CO.	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET SCHOOL)	ADDRESS) .	USUAL OCCUPAT USPE OF WORK FOR MOSSES CASPUER RE	12b KIND OF BUSINES
USU 13a.	STATE 136 COUN		YES NO	13e STREET ADDRESS	ZIP CODE Road 2/2
14. F	ATHER'S NAME PERST	MAISE	15. MOTHER'S MAIDEN N	PA	SM1.
	WAS DECEASED EVER IN U.S. ARE	MED FORCES? 166 SOCIAL SECU WAR OR DATES) 2/8-18		. Barrickel	1622 Burke Rd. 2.
	18 CAUSE OF DEATH (Enter onl PART I. DEATH WAS CAUSED	y one couse per luca location of the BY:	9653		APPROXIMATE INTER
	IMMEDIAT	E CAUSE (0)	2		
5		DUE TO, OR AS A CONSEQU	ENCE OF		1 1 1 1 1 1 1
3	Conditions, if ony, which gove rise to immediate	(b)			
	couse (a), stating the underlying couse last	DUE TO, OR AS A CONSEQU	ENCE OF		
5	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CON	IDITION GIVEN IN PART 1(p)
NO NO					
CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	20e AUTOPSY?	206. IF YES, WERE FINDINGS USED
SI				YES NO	IN CERTIFYING CAUSES OF DEATH
	210. ACCIDENT WAS UNDERLYING			IRRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1 OR PART 2)
	OR CONTRIBUTING CAUSE OF DEA	In .	19		
	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	21f LOCATION STREET	CITY OR TO	OWN COUNTY ST
2	AT WORK NOT WHILE	(A. HOME, SINEE), FACTONI, OFFICE,	Ann, City		
2	22a.1 certify that (I) (this hospit	ol) ottended the deceased from	1/5 19 8	5 to 3/	31 19 85, that (I) (w
. 7	sow the deceased alive on above, (I) (we) (did) (did not) view the body ofter death.		n death occurred on the d	ote and hour and from the causes sto
Ē	226. SIGNATURE	00	DEGREE	MEDICAL STA	22c DATE SIGNED
	Oxetan	Cher M	ATTENDING PHYSICIAN	MEDICAL STA	CIAN
	224. PHYSICIAN'S NAME (TYPE O	R PRINT)	27e ADDRESS		
CALA					
230	BURIAL CREMATION, REMOVAL	^{23b. DATE} 85 ²³ / ₄	NAME OF CEMETERY OR CHEMATORY	23d JOCATION British	M. COUNTY 51
_ 23a.	BURIAL CREMATION, REMOVAL (SPECIF BURIAL)	² 3 ^{h. DATE} 85 ²³ h	NAME OF CEMETERY OR CHEMATORY		M. COUNTY 51

VANOR STATE OF THE PROPERTY OF THE PERSON OF Salto, x Lagrange Salto,

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completely falled in by the

TO FUNETAL DIRECTOR. After this certificate has been upped by the offending physician and completely should be detached for use as the burnol frame permit. Then please remove carbon papers. Pages 1 and 2 shauld the State Dept. of Health and Mental Hygiene prior to thivring, cremation, or removal.

The medical event, the medical e

executed within 24 hou

that the death certificate be

OR ATTENDING PHYSICIAN, The

TO HOSPITAL

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE & CERTIFICATE OF DEATH

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-	0	0	1		

		REGISTRAK			CLIVITI	TORIL OF DE		R	EG. NO.			
		CEASED NAME FIRST	D. Domes	MIDDLE	t t	AST		2a. DATE OF DE			YEAR	25. HOUR
			B. Barra	nco						01/85		11:00p _M
	3. SE		4 RACE		5. DATE C		YEAR.	6 AGE (IN YEARS		MONT	HS DATS	HOURS MIN.
		Male	White		6	11	60			YRS		
	7a 81	IRTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	MARRIE	D NEVER MA	ARRIED -	9 BALTIMORE				
2		Md.		d States			DRCED _		timore			MD.
0		Tows on	670I 3	HOSPITAL, NURSIN Charles			TUTION	120 USUAL OCC (TYPE OF WORK FOR Barber	MOST OF WOR	KING LIFE) II	NDUSTRY	er Shop
5	13a S	AL RESIDENCE (IF NURSING HOME STATE 136 CO Bal	UNTY	GIVE RESIDENCE BEFORE 130. CITY OR TOWN Balt.	N	13d INSIDE CIT	Y LIMITS?	13e STREET ADD	ress / zip York	Rd.	1.	21212
-	14. FA	ATHER'S NAME	MIDDLE	LAST		15. MOTHER'S			IDDLE		146	
D		Frank	MIDDLE	Barranc	0	Maria	RST	Mi		Barr	ancô	
i		WAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMAN	IT	N III	ADDRESS		7016	
	j	No	SIVE WAR OR DATES)	212-07-	1305	Mrs.	Jos	ephine	Barr	anco	/Yor	k Rd.
		18 CAUSE OF DEATH (Enter	only one couse pe	r line for iai, (b) and	d ic					T	APPROXI BETWEEN	MATE INTERVAL
		PART I. DEATH WAS CAU	SED BY: ATE CAUSE (0)	Chi	conic	Renal E	ailure	9				
			_	DR AS A CONSEQUE	NCE OF							
		Conditions, if ony, which (b) DUE TO, OR AS A CONSEQUENCE OF Cardio myopathy									- 1.10	
		gove rise to immediate couse (a), stoting the	DUE TO C	DR AS A CONSEQUE	NCE OF							
		underlying cause last.	(()	Smokin	ng							
		PART 2. OTHER SIGNIFICAN	CONDITIONS	ONTRIBUTING TO D	EATH BUT	NOT RELATED T	O THE TERM	INAL DISEASE OF	CONDITIO	N GIVEN I	N PART 110	
	CERTIFICATION					32 p.m						
2	Q.	190 DATE OF OPERATION	DITION FOR WHICH OPERATION WAS PERFORMED				200 AUTOPSY? 20b. IF YES, WERE FI					
	E									YES [3	NO 🗌
3		2 a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF		OF INJURY .M. MONTH DA	Y YEAR	21c. HOW INJ	JRY OCCURR	RED (ENTER NATURE	OF INJURY IN IT	EM 18 PART I	OR PART 2)	
1	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMIN		.M.	19							- 100
	ÉD	21d INJURY OCCURRED		OF INJURY	ARM FIC)	211 LOCATION	1	CI	IY OR TOWN		COUNTY	STATE
	*	AT WORK NOT WHILE										
	5	220 I certify that (1) (this has	pitol) ottended ti	he deceased from_	2/13 85		, 198	5, to	3/1	, 19	85	that (I) (we) lost
		saw the deceased alive obove, (1) (we) (did) (did	nn		, 01	nd that in (my) (our) apinion o	deoth occurred ar	the date or	nd haur one	d from the	causes stated
	67	22b. SIGNATURE	7		_	DEGREE	TENIONIO	WEDICH:	CTAFF		22c. DATE	
		I ete m		rsend	MD	Ph	TENDING TYSICIAN [MEDICAL DIRECTOR []	STAFF PHYSICIAN [X'	3-1	1-85
		226. PHYSICIAN'S NAME (TYP				22e ADDRESS						
		DR. P. TO	VNSEND				BMC					
	23a E	BURIAL, CREMATION, REMOVA	AL 236. DATE	23c N	AME OF C	EMETERY OR CE	REMATORY	23d. LOCATIO	AWC	ro	UNITY	STATE
		Entombment	3-05	-85 D	ulan	ey Val	ley	Time	nium	Bal	lto.	Md.
	21/	INERAL DIRECTOR			50	verna 1	Pk 250 DATE	E REC'D. BY REGI	STRAR 256. R	EGISTRAR'	SSIGNAT	URE
	(bi	(wa) Sernam	501 Ri	tchie Hw	у.	21146	MO ON	6 1005 C	4 Sia Te	indson-	Ronda	Ro "
					demi	- 11	1/11/	10000				-

DHMH - 16 60M 7/84 (VRA 15, 4)

MPORTANT, Il Item 21 is m

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and Public of Market 173

requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The low etoined by the hospital or attending physician.

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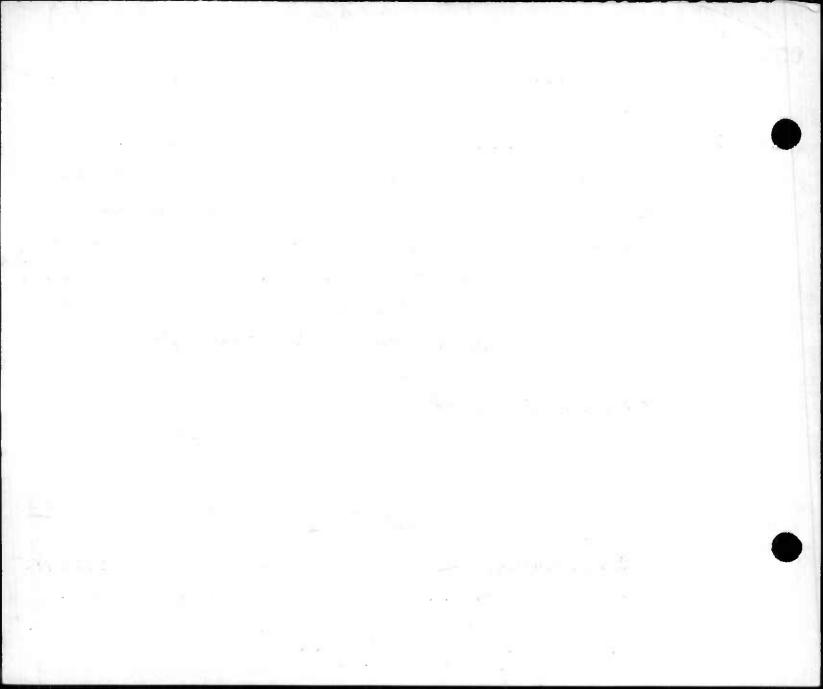
STATE OF MARYLAND	45 %
DEPARTMENT OF HEALTH AND MENTAL HY	GIENE O
CERTIFICATE OF DEATH	

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FOR STATE REGISTRAR			DEPARTA		EALTH AND MENTAL HYG ICATE OF DEATH	IENE O S	U O		1 4
1. DECEASED NAME	FIRST		AIDDLE	L	AST	20 DATE OF DEATH MO	NTH DAY	YEAR	26. HOUR
(TYPE OR PRINT)	MARGAR	ET		BA	SCIANO	March 25,	1985		95
3. SEX		RACE		5. DATE C		6 AGE (IN YEARS LAST BIRTHD		UNDER 1 YEAR	#3.040E924HR
Female		White			4, 1904 YEAR	80	YRS	NIHS DAYS	HOURS MIN
To. BIRTHPLACE (STATE O	R FOREIGN 7b.	CITIZEN OF	WHAT COUNTRY?	8 MARRIE	NEVER MARRIED	9. BALTIMORE CITY OR	OUNTYO	FDEATH	
Maryland		U.S.A	•	WIDOWE		Baltimor	e Cour	nty	
Randalls t		LIE NOT IN SUC	HEACHITY GIVE STREET	ADDRESS)	eral Hospital	120 USUAL OCCUPATION OUT TO THE OF WORK FOR MOST OF W Housewife		126. KIND OI INDUSTRY Own H	ome
SUAL RESIDENCE (IF NO	13b. COUNTY		GIVE RESIDENCE BEFORE		13d INSIDE CITY LIMITS?	13e STREET ADDRESS / Z	P CODE		
Maryland	Balti		Catonsvi		YES NO X	5905 Queen		Street	2120
4 FATHER'S NAME					15. MOTHER'S MAIDEN NA	ME			
John	MID	DDLE	Ranzir	10	Mariett	WIDDLE		Raym	ondi
160 WAS DECEASED EVE	R IN U.S. ARME	D FORCES?	16b. SOCIAL SECU		17 INFORMANT	ADDRESS	(00(
(YES, NO OR UNKNOWN)	(IF YES, GIVE W	VAR OR DATES)	217-07-8	3283 E	Mrs. Lola M	. Marsiglia		sville	
18 CAUSE OF DEA	TH (Enter anly	one couse per	line for (a), (b), one	d/2	4 1			BETWEEN	MATE INTERVAL ONSET AND DEATI
PART I. DE ATH	IMMEDIATE			Ale	Goz an	7		4,01	Laler
PART 2 OTHER SIG	ENIFICANT CO	h -	Slote		NOT RELATED TO THE TERM	20a AUTOPSY? 2	b. IF YES, V	VERE FINDING CAUSES	4GS USED
₩.						YES NO	YES [NO [
OR COLUMNIC TO LO	CAUSE OF DEATH	21b. TIME O HOUR A	M. MONTH DA	AY YEAR	21¢ HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN	ITEM 18 PART	TORPART?)	
CIFEITHER NOTIFY ME 21d. INJURY OCCU WHILE NOTIFY AT WORK AT V	VHILE	21e. PLACE ((AT HOME, STR	OF INJURY BEET, FACTORY, OFFICE, F	ARM ETC)	211. LOCATION STREET	CITY OR TOWN		COUNTY	STATE
220.1 certify that saw the dece		17/16	19_	84.0	nd that in (my) in opinion (death occurred on the date	and hour a	nd Iram the	that (1) (we) couses stated
22b. SIGNATURE	or Ca	the	4		DEGREE ATTENDING PHYSICIAN 22e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAI	۷ 🗌	3 /	LL /8
Cliff		liff Jr			5772 Wes	stview Mall,	Balti	more,	Md.
230. BURIAL, CREMATION (SPECHY) Burial		23b. DATE 3/28/	85 Lal	ke Vi	emetery or crematory ew Memorial Pk			arroll	
Lerox Edmond	Russell Ison Ave	l C. Wi	tzke Func	eral I	Homes P.A 250 DAT 1. 21228 MA	R 2 7 1085	REGISTRA	R'S SIGNAT	URE

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and should be detached for use as the burial-transit permit. Then please remove carbonpoperi. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN 6775

1 -	REGISTRAR			ori Akin	CERTIF	ICATE O	F DEATH	REC	9. NO.		ya-Assati
	CEASED NAME	FIRST	A	AIDDLE	· ·	AST	- 1	20 DATE OF DEAT	H MONTH	DAY YEAR	2b. HOUR
(1110	I	Meta	K		Baumo	ann			3	1585	11120 W
3. SE	×	4	RACE		5 DATE C			6 AGE (IN YEARS LAS	T BIRTHDAY)	IF UNDER I YE	
1	Formal	-	ish	40	MONTH	1 DA	YEAR 92	92		MONTHS DAY	YS HOURS MIN
		r/ONDION 78		WHAT COUNTRY?	8		_	9 BALTIMORE CIT	Y OR COU		
10.00	amiland		1.50				ER MARRIED	2-11.		A .	
Martin Co.	ITY OR TOWN OF D	EATH 1	I. NAME OF H	OSPITAL, NURSIN	WIDOWE G HOME C		DIVORCED [12e USUAL OCCU	PATION	12h KINI	OF BUSINESS OR
5.	2.001	/	(IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS)	1		(TYPE OF WORK FOR MC			
TISIL	AL RESIDENCE (#N	LIPSING HÔME OR O	CHA	COVE DESIDENCE BEEODE	CON	لتليين	ome	Homemak	er	611	12720
13a. S	STATE	13h COUNT	Y	13c. CITY OR	H		E CITY LIMITS?	13e. STREET ADDRE		- Seedle of	and of
_	aryland			Baltimo	re	YES X	NO 🗌	3900 N.	Charle	es Stree	t
14 FA	ATHER'S NAME	ME	DUE	LAST		15. MOTH	ER'S MAJOTA NA	ME	LE		LAST
	Unknow	n	Kar	mewische	r,	P	Pauline		Unknou	m)	
	VAS DECEASED EV	ER IN U.S. ARM		166 SOCIAL SECU	RITY NO.	17 INFOR	TMAM	AE	DRESS	ny Lane	
1	123, 110 01 014110 1111	(11 103, 0170 11	An On DAIES	220-20	-8631	Mr.	Leon Ras		dalls		
	18 CAUSE OF DE	ATH (Enter only	ane cause per	line for ipi, bu and			1	/ nan	1468	APPR	OXIMATE INTERVAL EN ONSET AND DEATH
	PART I. DEATH	WAS CAUSED	BY-	Pho	1)111	041	ail	Nonwit	11088		2 (16 4)
26		IMMEDIATE		116	0	6101	1/	7/	1		-786-60
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

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TO FUNERAL DIRECTOR. After this certificate, his been signed by the attending physician and completely filled in by the funeral assistance and completely filled in by the funeral assistance and a second for use as the funeral attended permit Then please remove carbon papers. Pages I and 2 should be filled within 72 has write the state Dept. of the other and Mental Hydrete prior to buriol, cremotion, or removal.

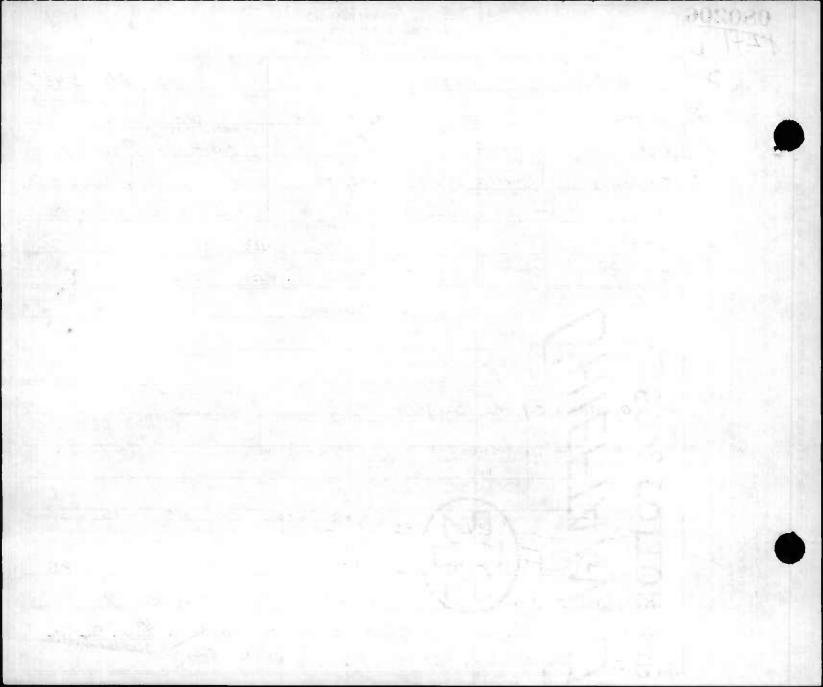
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080206 STATE OF MARYLAND FOR STATE DEPARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH

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DHMH - 16 50M 4/8 (VRA 15, 4)



FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN®

- STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH DECEASED NAME 2b. HOUR TYPE OR PRINTI coretta March 1, 1985 6:50 A N & AGE LIN YEARS LAST BIRTHDAY) IF UNDER I YEAR 3. SEX 4/15/1895 White Female 89 yrs. YRS 9. BALTIMORE CITY OR COUNTY OF DEATH 70. BIRTHPLACE I STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Baltimore County Penna. U.S.A. WIDOWED X 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS LTYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Rossville Franklin Square Hospital Nurse Hospital USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Maryland Balto. Dundalk 13d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE 28 Admiral Blvd. 21222 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Kelley Charles Derm odv Teresa Honora 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17. INFORMANT E. Joseph Roche (YES, NO OR UNKNOWN) 168.20.9501 5240 King Ave., Baltimore, Md. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: Multi-lobar Pneumonia with Respiratory Arrest DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PMAINUT I TON Dehvdration: Arteriosclerotic Cardiovascular Disease, Chronic Renal 206. IF YES, WERE FINDINGS USED 19h CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NOIX 21a. ACCIDENT WAS UNDERLYING 716 TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH (IF EITHER, NOTHY MEDICAL EXAMINER) P.M 21L LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE to March 220.1 certify that X (this haspital) attended the deceased from. February saw the deceased alive on March 1 abave, M (we) (did) (dia nat) view the bady after death 85 and that in (n) (aur) opinion death accurred an the date and haur and fram the causes stated 22b. SIGNATURE 22c. DATE SIGNED Feed house Mil ATTENDING MEDICAL DIRECTOR PHYSICIAN PHYSICIAN T 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 9000 Franklin Square Drive, 21237 Doreen Feldhouse, MD

DHMH - 16 50M 4/83

DIVISION OF VITAL RECORDS.

(VRA 15, 4)

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and Mental

TO FUNERAL DIRECTOR: A should be detached for use with the State Dept. of Heo IMPORTANT: If them 21 is m

Walter Brooks Bradley Inc., Dundalk, Md. 21222

230 BURIAL, CREMATION, REMOVAL

Burial 3/4/1985 St. Denis Cemetery 24 FUNERAL DIRECTOR

23b. DATE

23c NAME OF CEMETERY OR CREMATORY

25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

CITY OR TOWN

Haverton

a Landson The

Pennsylvania

MAR

10 FUNERAL DRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page has a baselined for use as the burial-transit permit. Then please remove carbon pages? Pages 1 and 2 should be filled within 72 hours after death min the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

WPOCTANT If her 21 is morked or Hem 18 shows any injury, or other troumatic event, the medical examines must be notified altough

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STATE OF MARTLAND		STATE	OF N	ARYLAND	
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

6

1 -	FOR STATE REGISTRAR			DEPART		ICATE OF DEAT	TH	REG. N) /	1 7
	CEASED NAME OR PRINT)	hirley		Kay	Belt	AST		20. DATE OF DEATH Mai	rch 7,		26. HOUR
3. SE	K	4	RACE		5. DATE C	OF BIRTH		AGE (IN YEARS LAST BE		F UNDER 1 YEAR	IF UNDER 24 HRS.
	Female		White		Ma	y 8, 19	35	49	YRS.	DAYS DAYS	HOURS MIN.
7a. Bi	RTHPLACE (STATE OR COUNTRY) Maryland	FOREIGN 7	U.S.	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARK	RED 🔟	Baltimore City	OR COUNTY		MD.
	TY OR TOWN OF DEA	ATH 1		HOSPITAL, NURSIN HEACHITY, GIVE STREET Sunnyda	IG HOME C	OR OTHER INSTITUT		12a USUAL OCCUPAT (TYPE OF WORK FOR MOST Secrets	ION OF WORKING LIFE	12b. KIND O	Packing
USU/ 13a S	AL RESIDENCE (IF NURS STATE Md.	136 COUNT Balto	Υ	GNE RESIDENCE BEFORE 13c. CITY OR TOW Reisters	'N	13d. INSIDE CITY L		13e.STREET ADDRESS		211 y	36
14. FA	MeTvin	C	DDIE	Wright		15. MOTHER'S MA	JS M	E MIDDLE	M	arriot	t
	VAS DECEASED EVER YES, NO OB UNKNOWN)		ED FORCES? WAR OR DATES)	212-34-3		17 INFORMANT Raymond	T. Be	109 Sti	inydale rstown,	Way Md.	21136
NOI	Conditions, if ony gove rise to im- couse (o), statin underlying cause PART 2. OTHER SIG	mediate ng the e lost.	DUE TO, O (b) DUE TO, O (c)	R AS A CONSEQUI	ENCE OF	Ve att	THE TERMIN	Value	O CESTE	N IN PART 110	loma,
TIFICAT	19a DATE OF OPERA	TION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORME	D	20a AUTOPSY?		WERE FINDIN	
MEDICAL CERTIFICATION	21g. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER, NOTIFY MED	CAUSE OF DEAT	21b. TIME O HOUR A.	M. MONTH D.	AY YEAR	21c. HOW INJURY	OCCURRE	D (ENTER NATURE OF INJ	DRY IN ITEM 18 PA	RT (OR PART 2)	
MEDI	21d INJURY OCCUR	HILE []	21e. PLACE (AT HOME, STE	OF INJURY REET, FACTORY, OFFICE, F	ARM ETC)	211 LOCATION STREET		CITY OR T	OWN	COUNTY	STATE
	22a I certify that (I say the decease above, (I) the (I 77h GRONATHRE)	did (did en	elees	19		PEGREE ATTEN	opinion de	medical physic			
73a. f	SURIAL, CREMATION,	REMOVAL	22h DATE	73c	NAME OF C	EMETERY OR CREA	ATORY	734 LOCATION	1 / vene	25.00	
	Burial	work in the high	Part State of the	1985 Ev	ergre	en Memori	al Ga	n. Finksby	for /Ca	trell.	STATE
24. FI	HOME Silve	land	Owi	ings Middl	s, Mà		MAR'I	TO THE PARTY OF TH	ersk-kEGISTN	ANT SHEMAN	ONESSEE !

DHMH - 16 50M 4/83 (VRA 15, 4)

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TO HOSPITAL

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENES

H	REGISTRAR		CERTII	TCATE OF DEATH	REG. NO			
ı	1. DECEASED NAME FIRST	MIDDLE		LAST	20 DATE OF DEATH	AONTH DAY YEAR	26 HOUR	
	(TYPE OR PRINT) Heler	n	В	ERES	March 22	, 1985	6:15P M	
	3. SEX	4. RACE	5. DATE C		6. AGE IN YEARS LAST BIRTH	MONTHS DAY		
	Female	White	8	19 1917	67	YRS.		
	70. BIRTHPLACE STATE OF FOREIGN	76. CITIZEN OF WHAT CO	OUNTRY?	D NEVER MARRIED	9 BALTIMORE CITY OF			
	Ohio	U.S.A.	WIDOWI	_	Baltimore	2 County	MD.	
2	LO CITY OR TOWN OF DEATH			OR OTHER INSTITUTION	12a USUAL OCCUPATIO		OF BUSINESS OR	
	Rossville	Franklin So		ital	Housewife	, , , ,		
	USUAL RESIDENCE HE NURSING HOME OR I 130. STATE 13b COUN		Y OR TOWN	113d. INSIDE CITY LIMITS?	13e STREET ADDRESS /	7IP CODE		
	PER MANAGEMENT AND ADDRESS OF THE PERSON NAMED IN COLUMN TO ADDRESS OF THE PER		. Howard	YES NO K	8912 Avenue		21219	
5	14 FATHER'S NAME	WIDDIE	LAST	15. MOTHER'S MAIDEN NA			LAST	
1	Andrew		logk	Sophia	WIDDLE	Har		
	160. WAS DECEASED EVER IN U.S. ARA	MED FORCES? 166 SOC	CIAL SECURITY NO.	17. INFORMANT	ADDRES		<u>ub</u>	
	(YES, NO OR UNKNOWN) (IF YES, GIVE	e WAR OR DATES)	-28-0085	William B. B	eres Tr	Same as	13e	
	18. CAUSE OF DEATH (Enter onl			THILITON D. D	CICO, CI.		OXIMATE INTERVAL EN ONSET AND DEATH	
7	PART I, DEATH WAS CAUSED			Lung		BEIWEE	N ONSEI AND DEATH	
1	IMMEDIAT	E CAUSE 10) CATICE	er of the	Lung				
		DUE TO, OR AS A C	ONICE OUT NICE OF					
	C. 195 W 151	/ DUE TO, OR AS A C	ONSEGUENCE OF					
	Conditions, if ony, which gove rise to immediate	(b)						
1	couse (a), stating the underlying couse lost.	DUE TO, OR AS A C	ONSEQUENCE OF			1.3		
		((c)						
	PART 2. OTHER SIGNIFICANT C		nia Gravis		ainal disease or cond	ITION GIVEN IN PART	lio	
	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING			ON WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FINI		
					YES NO X	IN CERTIFYING CAUS	SES OF DEATH?	
_	21g. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	Y	21c HOW INJURY OCCUR				
	OR CONTRIBUTION CALIFE OF DEA	181	ONTH DAY YEAR					
1	(IE EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	P.M. 21e. PLACE OF INJUI	19 PV	21f. LOCATION				
ij	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTO		STREET	CITY OR TOW	N COUNTY	STATE	
1			Manag	h 12 or	Manala 00) 05	_, that M (we) lost	
	220.1 certify that A (this haspit	228.1 certify that M (this haspital) attended the deceased from March 13 , 19.85 , to March 22 , 19.85 , and that in March 22 , ond that in March 23 , ond that in March 24 , ond that in March 25 , ond that in March 25 , ond that in March 26 , ond that in March 26 , ond that in March 27 , ond that in March 28 , ond that						
	obove, ((we) (did) (sue file	view the body after dec	oth.	4,	death accurred on the do			
1	276. SIGNATURE	01		DEGREE ATTENDING	MEDICAL STAF		TE SIGNED	
7		ella		PHYSICIAN [DIRECTOR PHYSICI		12	
1	22d PHYSICIAN'S NAME (TYPE OF			22e. ADDRESS				
	R. Hamilton	, MD		9000 Frank1	in Square Dr	1., 21237		
	23a. BURIAL, CREMATION, REMOVAL	23b. DATE	23c NAME OF	CEMETERY OR CREMATORY	23d. LOCATION	COUNTY	STATE	
i	Burial	3/26/1985	Oak I	Lawn	Baltimore		Maryland	

DHMH - 16 50M 4/83 (VRA 15, 4)

MPORTANT. If He

74 FUNERAL DIRECTOR Duda-Ruck, Inc. 7922 Wise Avenue Dundalk

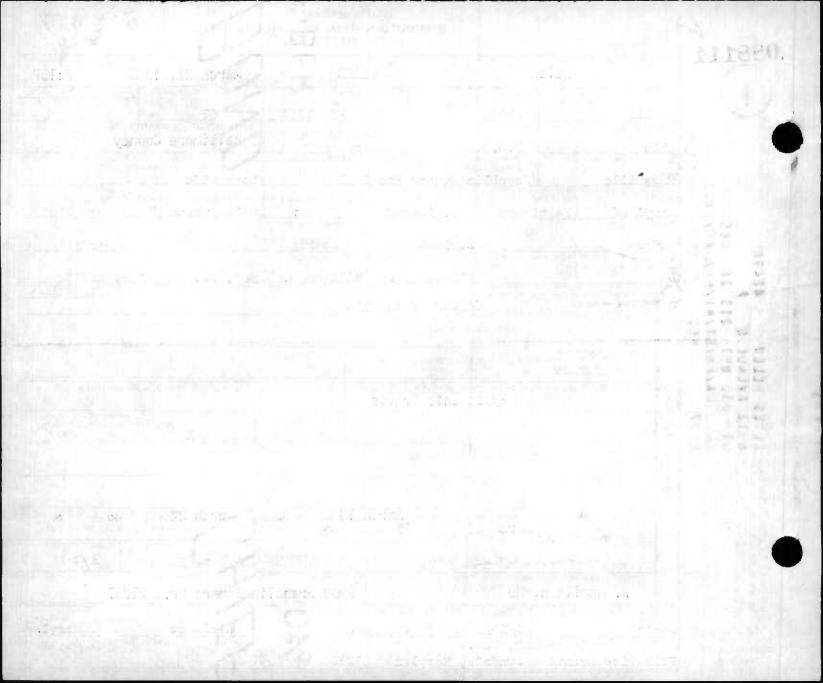
FOR - STATE

3/26/1985

Dundalk, Maryland

21222

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES CEDTIEIC ATE OF DEATH

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					REG. NO.		
	CEASED NAME FIRST	WIDDLE	L	AST	20. DATE OF DEATH MO	INTH DAY YEAR	26. HOUR
(TYPE	CARR	OLL A	BERL,	SR.	MARCH 22,	1985	6:25 A
3. SEX	X	4. RACE	5. DATE C		6 AGE (IN YEARS LAST BIRTHDA	AY) IF UNDER 1 YEA	R IF UNDER 24 H
	Male	White	Sept	18,1913 YEAR	71	YRS.	HOURS M
	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUN	ITRY? 8	D A NEVER MARRIED	9. BALTIMORE CITY OR C		
	Maryland	USA	WIDOWE	_	Baltimore	County	
2.5	TOWSON	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVE S Multi-Medic	STREET ADDRESS!		12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO Credit Mgr.	12b. KIND	OF BUSINESS (
13a. S	AL RESIDENCE (IF NURSING HOME STATE 13b. COL LTYLAND			13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZI 1245 Walker	P CODE Ave 2.	L239
14. FA	ATHER'S NAME FIRST Charles Bet	MIDDLE LAST	Т	15. MOTHER'S MAIDEN NAME Mary 0'1	WIDDLE	t	AST
16a W	VAS DECEASED EVER IN U.S.		SECURITY NO.	17 INFORMANT	ADDRESS		
(A	NO (IF YES, (GIVE WAR OR DATES) 215-0	7-4108	Hazel A. Ber	1 Same		
	gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONS	SEQUENCE OF				
CATION	cause (0), stating the underlying cause last.	DUE TO, OR AS A CONS (c) T CONDITIONS CONTRIBUTING 196. CONDITION FOR W	G TO DEATH BUT		200 AUTOPSY? 20	Ob. IF YES, WERE FIND	INGS USED
TIFICATION	cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICAN	(c)T CONDITIONS CONTRIBUTING	G TO DEATH BUT		200 AUTOPSY? 20		INGS USED
CAL CERTIFICATION	cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICAN	(c) T CONDITIONS CONTRIBUTING 196. CONDITION FOR WI 216. TIME OF INJURY HOUR A.M. MONTH	G TO DEATH BUT	N WAS PERFORMED	20a AUTOPSY? 20	Ob. IF YES, WERE FIND N CERTIFYING CAUSE YES []	HNGS USED S OF DEATH?
MEDICAL CERTIFICATION	cause (o), stating the underlying cause lost. PART 2. OTHER SIGNIFICAN: 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E	(c) T CONDITIONS CONTRIBUTING 196. CONDITION FOR WI 216. TIME OF INJURY HOUR A.M. MONTH	HICH OPERATION DAY YEAR	N WAS PERFORMED	200 AUTOPSY? 20 1N	Ob. IF YES, WERE FIND N CERTIFYING CAUSE YES []	HNGS USED S OF DEATH?
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	Cause (o1, stating the underlying cause lost. PART 2. OTHER SIGNIFICAN 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E (FETHER, NOTHY MEDICAL EXAMINATION OF CONTRIBUTING OF CONTRIBUTING OR CONTRIBUTING OF CAUSE OF E (FETHER, NOTHY MEDICAL EXAMINATION OF CONTRIBUTION OF CAUSE OF E (FETHER, NOTHY MEDICAL EXAMINATION OF CAUSE OF C	(c)	HICH OPERATION TO DAY YEAR 19 FFICE, FARM, ETC.)	21c HOW INJURY OCCURION 21f LOCATION STREET 19 21 that in (my) (aur) apinion DECIRES ATTENDING PHYSICIAN	200 AUTOPSY? 200 YES NO CITY OR TOWN	Ob. IF YES, WERE FIND N CERTIFYING CAUSE YES NITEM IS PART T OR PART 2: COUNTY 19 270. DAT	NINGS USED SOF DEATH? NO STATE
	Cause (01, stating the underlying cause lost. PART 2. OTHER SIGNIFICAN 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E (IF EITHER, NOTHEY MEDICAL EXAMINE AT WORK NOT WHILE AT WHILE AT WHILE AT WHILE AT WHILE AT WHILE AT WHITE AT W	I CONDITIONS CONTRIBUTING 196 CONDITION FOR WITH THE OF INJURY HOUR A.M. MONTH P.M. 21e, PLACE OF INJURY (AT HOME, STREET, FACTORY, OF SPITIOL) attended, the deceased for the	HICH OPERATION TO THE PART OF	21c HOW INJURY OCCURION 21f LOCATION STREET 21	200 AUTOPSY? YES NO DED CENTER NATURE OF INJURY IN CITY OR TOWN TO B B B B B B B B B B B B B B B B B B B	Ob. IF YES, WERE FIND N CERTIFYING CAUSE YES NITEM IS PART T OR PART 2: COUNTY 19 270. DAT	STATE ST
MEDICAL	Cause (01, stating the underlying cause lost. PART 2. OTHER SIGNIFICAN 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E (FETHER, NOTHE MEDICAL EXAMINATION AT WORK 21d. INJURY OCCURRED WHIS AT WORK 220. I certify that (1) (this has been also and the contribution of the c	I CONDITIONS CONTRIBUTING 196 CONDITION FOR W 216. TIME OF INJURY HOUR A.M. MONTH P.M. 216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	H DAY YEAR 19 FFICE, FARM, ETC.) 734 NAME OF C	216 HOW INJURY OCCURION STREET 216 LOCATION STREET 217 LOCATION STREET 218 ATTENDING PHYSICIAN PHYSICIAN CONTROL OF THE PHYSICIAN CONTROL OF THE PHYSICIAN CONTROL OF THE PHYSICIAN CONTROL OF THE PHYSICIAN CONTROL OF T	200 AUTOPSY? YES NO	Ob. IF YES, WERE FIND N CERTIFYING CAUSE YES NIEM 18 PART TOR PART 21 COUNTY OND HOME TO THE TOR TH	STATE
WEDICAL MEDICAL	Cause (01, stating the underlying cause lost. PART 2. OTHER SIGNIFICAN 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFETHER, NOTIFY MEDICAL EXAMINATION OF CONTRIBUTING AT WORK 210. I certify that (1) (this has a contribution of the contribution of th	I CONDITIONS CONTRIBUTING 196 CONDITION FOR WITH THE OF INJURY HOUR A.M. MONTH P.M. 21e, PLACE OF INJURY (AT HOME, STREET, FACTORY, OF SPITIOL) attended, the deceased for the	HICH OPERATION H DAY YEAR 19 FFICE, FARM, ETC.) TOM 19 8 734 NAME OF C. 5 New C.	216 HOW INJURY OCCURION STREET 216 LOCATION STREET 216 LOCATION STREET 217 LOCATION STREET 218 ATTENDING PHYSICIAN PHYSICIAN CONTROL OF THE PH	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJURY IN CITY OR TOWN CITY OR TOWN AMEDICAL STAFF DIRECTOR PHYSICIAN Orth Dr. Tow 23d LOCATION	Ob. IF YES, WERE FIND N CERTIFYING CAUSE YES NIEM 18 PART TOR PART 2: COUNTY OND hour and from the county of th	state in that (I) (we) course stated in that (I) (we) course stated in that (I) (we) course stated course stated course stated course stated

TO FUNERAL DIRECTOR: After this should be detached for use os the buwith the State Dept, of Health and M

DHMH - 16 50M 4/83 (VRA 15, 4)

TO HOSPITAL OR ATTENDING PHYSICIAN: The lo retained by the hospital or attending physician

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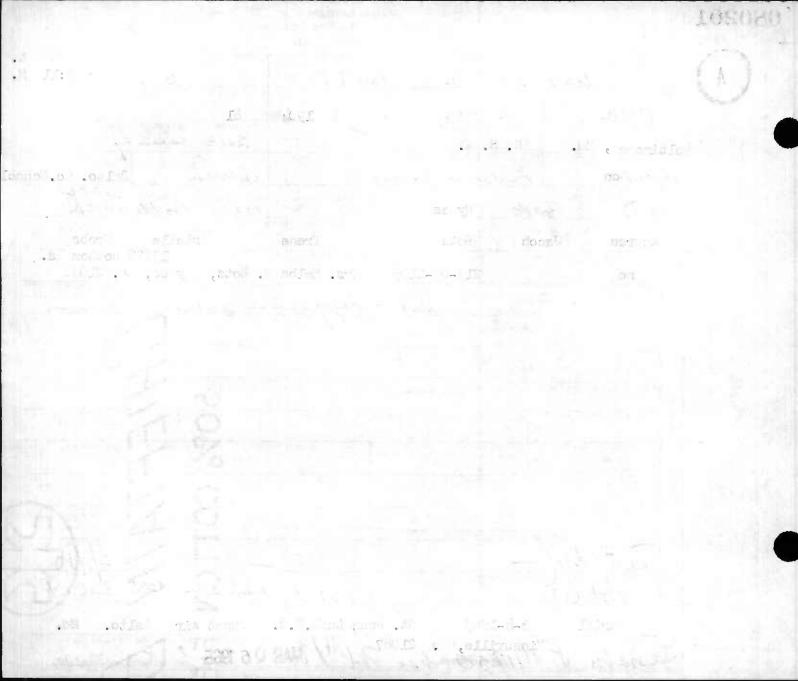
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Druid Ridge (em

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

COUNTY

250 DATE REC'D. BY REGISTRAR 256. BEGISTRAR'S SIGNATURES

STATE

080202

FOR

Burial

24 FUNERAL DIRECTOR

Miller Inc. 6415 Belair Rd.

DHMH - 16 50M 4/83

(VRA 15. 4)

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FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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06/84

100	REGISTRAR				CERTIF	ICATE OF DEAT	н	RE	G. NO.		
	CEASED NAME	FIRST		MIDDLE	l.	AST	2	DATE OF DEA		DAY YEAR	2b HOUR
(are		R. MA	RTIN	J.	F	BIRNBAUM		MARCH	16, 1985	5	8:03P M
1. SE			4. RACE		5 DATE C		6.	AGE (IN YEARS L		MONTHS DAYS	
	MALE	400	WHI	TE		28,1933	EAR .	51	YRS	MONTHS DATS	HOURS MIN.
7a BI	RTHPLACE I STATE OR	FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.	D XVEVER MARRI	ED 7	BALTIMORE CI	TY OR COUNT	Y OF DEATH	
	PENNSYLVAN	IIA	U.S.	Α.	WIDOWE			BALTI	MORE COL	JNTY	MD.
10 CI	TY OR TOWN OF DEA	ATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	ON 1	20 USUAL OCCU	JPATION	12b. KIND	OF BUSINESS OR
	RANDALLST		BALTI	MORE COUN	ITY GE	ENERAL HOS	PITAL		LÖGIST	MEDI	
	AL RESIDENCE (IF NURS	136 COUN		13c. CITY OR TOW		1 13d. INSIDE CITY LIA	MITS?	3e.STREET ADDR	ESS / ZIP COD	E	
M	ARYLAND	BA	LTO.	BALTO.		YES NO	XX	3421 E	DCREST F	RD. 212	07
I4. FA	ATHER'S NAME		MIDDLE	LAST		15 MOTHER'S MAIL	DEN NAME	MID	DLE	L.A	AST
	IRWIN				IBAUM	SAD	IE			RITT	ER
	VAS DECEASED EVER		MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT		A	DDRESS		
	NO.			149-26-7	7751	MRS. DON	NA BI	RNBAUM	3421 EDC	REST R	
	18 CAUSE OF DEAT PART I. DEATH W	H (Enter on	ly one couse per	line far (a), (b), and	dic-	- 1	00			BETWEEN	XIMATE INTERVAL NONSET AND DEATH
	PARTI. DEATH V		E CAUSE (a)	Kespi	rato	my INS	which	cienas	1		
	-		DUE TO, O	R AS A CONSEQUE	NCE OF	-	- /		16		
	Canditions, if any		(b)_	Maligi	new	1 hymos	na (Metas	tatic)	a per	-
	cause (a), statu	ng the	DUE TO, O	R AS A CONSEQUE	NCE OF	6-11		Wistor	y trom	DY 130	gal-troin V
			((c)								
z	PART 2. OTHER SIG	NIFICANTO	ONDITIONS CO	w f		NOT RELATED TO TH	HE TERMIN	IAL DISEASE OR	CONDITION GI	VEN IN PART 1	10
CERTIFICATION	90. DATE OF OPERA	TION	119h COND	TION FOR WHICH	-	IN WAS PERFORMED		200 AUTOPSY?	20h JE YE	S, WERE FIND	INGS LISED
BIC	1/44	050	Had	a Thyn		Mass			IN CERTI	FYING CAUSE	
ER1	710. ACCIDENT WAS UN	DERLYING T	1 21b TIME C	F INJURY		21c. HOW INJURY	OCCURRE				NO []
	OR CONTRIBUTING	CASE OF DEA	TH HOUR A.	W. WONTH BY				N/A.			
MEDICAL	(IF EITHER, NOTIFY MED		21e PLACE	M. OF INJURY	19	21f LOCATION					
M	WHILE TO NOT	AD	(AT HOME, ST	REET, FACTOR OFFICE F	ARM ETC)	STREET	N/	A. CITY	OR TOWN	COUNTY	STATE
	220 certify that (I)	(this bosne	lal) attended th	adacoared from	3/11	10	81	40 3	1/2	10 85	, that (I) (we) last
	saw the deceas	ed alive an	3116	19 8	5,0	nd that in (my) (aur)	apinian de	ath accurred an	the date and ha	ur and from the	
	abave, (I) (we) (did) (did na	t) view the bady	diter death.		DEGREE				22c. DAT	E SIGNED
	1	, C. (hat			DA & ATTEN		MEDICAL	STAFF	3/1	7/85.
	22d. PHYSICIAN'S N	AME (TYPE O	R PRINT)			22e ADDRESS	CIAN A	DIRECTOR PI	TISICIAN [
	DR. K.	СНАНА	L			BAL	TO. C	COUNTY G	ENERAL I	HOSPITA	L
23a, E	BURIAL, CREMATION,		23b. DATE	23r. N	NAME OF C	EMETERY OR CREMA		23d LOCATION	ı		
	BURIAL		3/18/			TFILOH CEM		BALTO	WN	COUNTY	MD
24 Ft	UNERAL DIRECTOR	SOL I		& BROS.			250. PATE		RAR 25b. REGIS	TRAR'S SIGNA	
60	10 REISTE			ADDRESS "			MA	N 1 9 190	00	Andrew Labour	

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO FUNERAL DIRECTOR, A should be detached for use with the Storte Dept. of Heal MPORTANT. If Bern 21 is m

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DIVISION OF VITAL ACCORDS, ACT W. PASSION SI., BALLIMORE, MANIESTAND ALLON	deo	otto	roon
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	OSPI ed b	UNE Id be	PRTA
	O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 may be etained by the haspital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the fullential time of pages should be detached for use as the busial-transit permit. Then please remove carbon papers. Pages Land 2 should be filed within a home after define with the State Dept. of Health and Mental Hygiene prior to busial, cremation, or removal.	MPORTANT: If Item 21 is marked at the Tablian an injury, or other troumatic event, the medical examiner mus by nothing

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

6785

1 -	FOR STATE REGISTRAR	DEPARTMI	ENT OF HEALTH AND MENTAL H	YGIENE REG. NO	08/83	
	CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH	MONTH DAY YEAR 26. HOUR	
(111)	Bessi	e R.	Bierwirth		3 30 85 10.35 AM	
3 SE	X 4	RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTH		
F	Male	WHITE	APRILIA 1898	8 86	MONTHS DAYS HOURS MIN.	
	RTHPLACE (STATE OF FOREIGN 78	CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9 BALTIMORE CITY OF		
n	ARYLAND	U.S.A.	WIDOWED TO DIVORCED	BALTIM	ORS COUNTY MD.	
10. C			HOME OR OTHER INSTITUTION	120 USUAL OCCUPATIO		•
T	owson s	ST- JOSEPH	HOSPITAL	11YPE OF WORK FOR MOST OF	18	
USU/ 13a S	AL RESIDENCE (IF NURSING HOME OF O	THER INSTITUTION GIVE RESIDENCE BEFORE A		13e.STREET ADDRESS /	ZIP CODE 21053	
3	ARYLAND BALT	more Freshand	YES NO	19904M	iDOLSTOWN ROAD	
14 FA	ATHER'S NAME	IOOLE LAST	15 MOTHER'S MAIDEN N	NAME	1201	
5	DWARD F	4. STOCKSOR	10 11	MAS	PARLETTE	
	VAS DECEASED EVER IN U.S. ARM	ED FORCES? 166 SOCIAL SECUR	ITY NO. 17. INFORMANT	ADDRES	S	
		219 28 4	337 Family	1 RECORDS		
	18 CAUSE OF DEATH (Enter only	one couse per line for (g), (b), and	1011		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
	PART I. DEATH WAS CAUSED IMMEDIATE	#1 2 . 1	extapenia			
		DUE TO, OR AS A CONSEQUEN				
	Conditions, if any, which	(1b)	4CE 01		1000	
	gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQUEN	ICE OF			
	underlying couse lost.	(c)	VCE OF			
	PART 2 OTHER SIGNIFICANT CO		EATH BUT NOT RELATED TO THE TE	RMINAL DISEASE OR COND	ITION GIVEN IN PART Ito	
NO						
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH C	PERATION WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDINGS USED	
I I				YES NO	IN CERTIFYING CAUSES OF DEATH? YES NO	
CER	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c. HOW INJURY OCCU	URRED (ENTER NATURE OF INJURY	IN ITEM 18 PART 1 OR PART 2)	•
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH DAY	YEAR			
MEDICAL	21d INJURY OCCURRED	21s PLACE OF INJURY	211 LOCATION	CITY OR TOW	VN COUNTY STATE	
X	WHILE NOT WHILE AT WORK	(AT HOME STREET FACTORY, OFFICE FAR	RM ETC) STREET	(IIY OR TOW	N COUNTY STATE	
	220.1 certify that (I) (this haspira	a) attended the decensed from	3/19 10 0	5 in 3/30	19 8, that (I) (wexlost	
	saw the deceased alive on_	3/30 19 >	ond that in (my) (Cur) opinio	on death accurred on the dat	te and hour and from the causes stated	
	obove, (I) (we) (did) (did not) 22b. SIGNATURE	view the body olter death	DEGREE		22c. DATE SIGNED	
	And	m dela	ATTENDING		3/20/25	
	22d PHYSICIAN'S NAME CHIE OF	AX OF	220 ADDRESS	☐ DIRECTOR ☐ PHYSICI	AND	
	4	10 lander	5+	Jugar Ho	sortal	
220 5	STIPLAL CREATION DEACYAL	ZIE DATE ZIC NA	AME OF CEMETERY OR CREMATOR	Y 123d LOCATION	1111	=
0	BURIAL, CREMATION, REMOVAL	0	WILL OF CEMETERY OR CREMATOR	CITY OR TOWN	COUNTY MOSSIATE	^
24 FI	UNERAL DIRECTOR	146877 4821 DG	THUSA NATISA	ATE REC'D BY PEGISTRAPIA	Sb. REGISTRAR'S SIGNATURE	L)
<	NAME	- CIL ADDRESS	11 . 1 0	PR 4 1985	Julia Dayawa Varyana	
2	VHOS CHAPILO	F CHIMSS 2325	5 YORK KOAD	- 1000		

DHMH - 16 60M 7/84 (VRA 15, 4)

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To the second and second wheels to the

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENSO

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	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
	1. DECEASED NAME FIRST (TYPE OR PRINT) I da	Mealy	Black	20. DATE OF DEATH MONTH 3	1985 26 HOUR 7;30 A
	3. SEX Female	White	5. DATE OF BIRTH MONTH 11 DAY 22 1894		IF UNDER 1 YEAR IF UNDER 24 HRS. ONIHS DAYS HOURS MIN.
5	BIRTHPLACE (STATE OR FOREIGN 76.	CITIZEN OF WHAT COUNTRY? USA	MARRIED NEVER MARRIED WIDOWED X DIVORCED	Baltimore County Baltimore Co	
	Towson	resbyterian Hon	ne of Md. Inc	128 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE HOMEMAKET	12b, KIND OF BUSINESS OR INDUSTRY
7	USUAL RESIDENCE (# NURSING # ME OR OTI 130. STATE Md		YES NO .		33rd St -2/2/8
C	John W	Vesley Mealy	15 MOTHER'S MAIDEN NAM	May	Harris
>	160. WAS DECEASED EVER IN U.S. ARME (YES, NO OR UNKNOWN) (IF YES, GIVE W			ADDRESS #201 lack Jr 3 Souther	ly Ct. 21204
	Conditions, if ony, which gove rise to immediate couse (o), storing the underlying couse lost.	BY: Haule	COLONARY	000.	BETWEEN ONSET AND DEATH
7	PART 2 OTHER SIGNIFICANT COLUMN TO THE PART 2 OTHER	NOTIONS CONTRIBUTING TO D	EATH BUT NOT RELATED TO THE TERM PENCOS ELEMASTS DEPENATION WAS PERFORMED	200 AUTOPSY? 206 IF YES IN CERTIF	EM ON PART 110 PURC WATA , WERE FINDINGS USED YING CAUSES OF DEATH? NO P
>	OR CONTRIBUTION C CAUSE OF BEATH	P.M.	Y YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM 18 P)	ART I OR PARI ?)
-	OR COMINIBUTING CAUSE OF BEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21 id. IN JURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	RM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
	220. I certify that (I) (this haspital saw the deceased alive on		, and that in (my) (arr) opinion of	deoth occurred on the date and hour	19

226. SIGNATURE

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

22c. DATE SIGNED

Burial

(SPECIFY)

24 FUNERAL DIRECTOR

22e ADDRESS

DEGREE

23e. BURIAL. CREMATION, REMOVAL 23b. DATE

23c. NAME OF CEMETERY OR CREMATORY Loudon Park Cemetery

23d LOCATION
CHYOR TOWN
Baltimore

COUNTY

Md STATE

DHMH - 16 50M 4/83

TO FUNERAL DIRECTOR: After this certificate has been

IMPORTANT: If Item 21 is should be detached with the State Dept.

Mitchell-Wiedefeld Home 6500 York Rd.

3/4/1985

250. DATE REC'D. BY REGISTRAR 251 REGISTRAR'S SIGNATURE OF THE STATE O 1985 MAR 6

BP. (VRA 15, 4) 11 22 162 14 1 20 1 1

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52 1.3 ETC - 22 10-10-2 Miller and the second of the s

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENEO

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C	0	1	U	1

1	REGISTRAR			CERTIF	ICATE OF DEATH		REG. N	0		
	1. DECEASED NAME FIRST	M	NDDLE	t.	AST	20. DATE C		MONTH	DAY YEAR	26 HOUR
	(TYPE OR PRINT) William	Hei	nrv	BLA	ACK .	March	27.	1985		7:40 AM
1	3. SEX	4. RACE		5. DATE O	F BIRTH		YEARS LAST BIR	1 10 10 10	IF UNDER 1 YE	AR IF UNDER 24 HRS
	Male	Whit	te	MONTH 12	12 1898	86		YRS.	MONTHS DA	YS HOURS MIN,
9	To. BIRTHPLACE (STATE OR FOREIGN		VHAT COUNTRY?	8.	NEVER MARRIED	9 BALTIM	ORE CITY O	R COUNT	Y OF DEATH	
	Ohio	USA		WIDOWE		Balti	more (Count	V	MD.
7	B. CITY OR TOWN OF DEATH		OSPITAL, NURSIN		R OTHER INSTITUTION	12a USUAL	OCCUPATI	ION		O OF BUSINESS OR
1	Rossville		lin Squar		pital	Repres	entat	ive U	.S.Ste	elworkers
1	130 STATE 136 COUL		INE RESIDENCE BEFORE		13d. INSIDE CITY LIMITS?	113e STREET	ADDRESS	/ ZIP COD	E	Union
2		imore	Rossvil		YES NOW	7 Dam	ian Ct	. Apt	E. 10	21237
7	FATHER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME	MIDDLE			LAST
	Amaricus		Black		Mary					Keil
,	160 WAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECU	RITY NO.	17. INFORMANT		ADDRE			
4	No	VE WAR OR DATES)	288-03-	9066I	Mary Ann Bl	Lack 7	Damia	an Ct.		
	18 CAUSE OF DEATH (Enter or	nly ane cause per	line far (o), (b), and	d (c).1		12.			BETWE	ROXIMATE INTERVAL EN ONSET AND DEATH
	PART I. DEATH WAS CAUSE	TE CAUSE (a)	Cerebral	hypox	cia					
1			AS A CONSEQUE							
	Conditions, if any, which				ry arrest					
J	gave rise to immediate cause (a), stating the	DUE TO, OR	AS A CONSEQUE	NCE OF						
	underlying cause last.	(c)								
	PART 2. OTHER SIGNIFICANT	CONDITIONS <u>CO</u>	NTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	AIN AL DISEA	SE OR CON	DITION GI	VEN IN PART	1(a
	<u> </u>									
1	Cerebrovascul	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AU1	OPSY?			IDINGS USED SES OF DEATH?
100	1 =					YES	NOX		ES 🗍	NO 🗌
-			FINJURY M. MONTH DA	AY YEAR	21c. HOW INJURY OCCURE	RED (ENTER P	IATURE OF INJU	RY IN ITEM 18	PART I OR PART	2)
	(IF EITHER NOTIFY MEDICAL EXAMINE	R) P.A		19						
	OR CONTRIBUTING CAUSE OF DE LIFE EITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED	21e PLACE C	OF INJURY EET, FACTORY, OFFICE, F	ARM, ETC)	211 LOCATION STREET		CITY OR TO)WN	COUNTY	STATE
	AT WORK AT WORK									
	220.1 certify that (lix (this hasp	ital) attended the	deceased fram			to Ma	rch 2			_, that X(we) last
	saw the deceased alive ar abave (1)(1)(e) (did) (did) n	Way Febook	atter death.		nd that in (XX (aur) apinion	death occur	ed an the d	ate and hai		
	22b. SIGNATUR	halle	MA		DEGREE ATTENDING	MEDICA	L STA	FF : /		ATE SIGNED
	naenn	mmo	INND		PHYSICIAN [R PHYSIC			3-27-85
	22d. PHYSICIAN'S NAME (TYPE	OR PRINT)			22e ADDRESS					
		ph Gallo		,	9000 Frank			Drive	212	37
	23a. BURIAL, CREMATION, REMOVAL				EMETERY OR CREMATORY	23d. LOC	TY OR TOWN		COUNTY	STATE
	Burial	14-1-85	Pa	arkwoo	od Cemetery			Balti	more.	Maryland

DHMH - 16 50M 4/83

TO FUNERAL DIRECTOR should be detached for us with the State Dept. of He

TO HOSPITAL

IMPORTANT IF IN

injury, or other tru

The buriel transit permit. Then please run

(VRA 15, 4)

24 FUNERAL DIRECTOR tuneral ASSAHN

Baltimore, Maryland

120 DATE REC'D. BY REGISTRAP 1316. REGISTRAP'S SIGNATURE ARR 0.1 1985 Julia Sandon-Randes

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FOR STATE

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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1 DE	CEASED NAME FIRST		AIDOLF.	1.	AST			EAR 2h HOUR			
	PE OR PRINT)										
			DLF					7:50AM			
3 51			,				MONTHS MONTHS	DATS HOURS MIN.			
	- chare	MILLCE		Dec	. 14 1900		YRS				
		76 CITIZEN OF	WHAT COUNTRY?	MADDIE	NEVER MARRIED	9. BALTIMORE CITY	OR COUNTY OF DEA	TH			
1	enaa.	USA				Raltimo	re County	MD.			
O. C	ITY OR TOWN OF DEATH		OSPITAL, NURSING	HOME C		120. USUAL OCCUPA	ATION 12b K	IND OF BUSINESS OR			
100		Frank	lin Sq. Ho	spit	al	al (TYPE OF WORK FOR MOST OF WORKING LIF					
	STATE 13b COL	UNTY	13c CITY OR TOWN		13d INSIDE CITY LIMITS?			21220			
M E		arcritore	ratuate n	TAGI			si con nu.	LILLU			
1	FIRST	Edwin F	oster		FIRST	MIDDLE		LAST			
	WAS DECEASED EVER IN U.S. A			TY NO.	17 INFORMANT		DRESS				
	(YES, NO OR UNKNOWN) (IF YES C		184 16 3	3701	Florence Buc	kley, Daus	ghter S	ame			
	18 CAUSE OF DEATH (Enter	anly ane cause per	line for (o), (b), and (C1				PPROXIMATE INTERVAL			
		SED BY:	Gram Negat	rive	Sensis						
	IMMEDI	4.77			ocpo to			A PL POLICE			
	Carlotte St. 111				ninal Course						
-	gave rise to immediate	(b)	Probable P	ADQOII	IIIIa i Source		1 - 1 A				
		TO MADE									
7	PART 2. OTHER SIGNIFICAN	T CONDITIONS CO	ONTRIBUTING TO DE	ATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CO)NDITION GIVEN IN PA	RT 11a			
Ē											
CA	190 DATE OF OPERATION	19b CONDI	TION FOR WHICH O	PERATIO	N WAS PERFORMED	20a AUTOPSY?					
TE						YES NO	_	NO 🗍			
8				VEAD	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF IT	NJURY IN ITEM 18 PART 1 OR PA	(RT 2)			
A		DEATH						- W. I.			
H		Elizabeth BLAKELFY March 18, 1985 e White Biant Corner of White Biant County Personal Control of County White County Personal									
Z	WHILE NOT WHILE	(AT HOME STR	EET, FACTORY, OFFICE FAR	M ETC)	STREET	March 18, 1985 6. AGE (IN YEARS LAST BIRTHDAY) 84 9. BALTIMORE CITY OR COUNTY OF CO	TOWN COUN	NTY STATE			
		Elizabeth BLAKELEY LARCE White Bec. 14*1900** ACE (INVESTIGATION) LARCE White Bec. 14*1900** ACE (INVESTIGATION) LARGE (INVESTIGAT									
	220.1 certify (fat 1) (this has	March	18 cased from 8	5	7 19	, 10	. 19	, mai (we) lass			
	abav , li juli i did mid		after death.			death accurred on the					
	DECEASE NAME Ruth Elizabeth BLAKELY SEX Female White BLAKELY SEX Female USA White BLAKELY SEX Female SUBAR REFERS SUBAR REFERS										
Decased Name 1801 Ruth Elizabeth BLAKELEY March 18. IS	SICIAN	larch 18, 198									
	224. PHYSICIAN'S NAME (TYP	E OR PRINT)									
1	Pedro Barr	enechea.	MD		9000 Frank	clin Squar	e Drive, 21	.237			
230				ME OF C							
-			W. Sect.			CITY OF TOWN		STATE			
24 1		3/20/	no	мту							
-	NAME	men	*DOM:11			1100	1 0	N			
Er	uzdzinski Fune	ral Home	FA 1407 0	ld E	astern Ave N	MAIN & U 196	10 Mar David	Par-Marianos			

DHMH - 16 60M 7/B4 (VRA 15, 4)

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150	1-	FOR STATE REGISTRAR			DEP		HEALTH AND MENTAL FICATE OF DEATH			REG. NO.	U	0	1	0 7		
. E =		CEASED NAME OR PRINT)	FIRST		WIOOFE		LAST	20	DATE OF DE	ATH M	ONTH	OAY	YEAR	2b. HOUR		
y be			INNA	E			OGLITSCH			ARCH	<u> </u>		985	2:15 %		
E ()	3 SEX			4 RACE		5. DATE		R _	AGE (IN YEAR	S LAST BIRTHE	DAY	MONTHS	ER TYEAR DAYS	IF UNDER 24 HRS HOURS MIN.		
FEMALE				CAUCA		08 ~	19 190		84	-49	RS.	V 05 D				
nero in 72	Baltimore, Md.				WHAT COUN	WIDOW		□	ALTIM	SALTIMORE CITY <u>OR</u> COUNTY OF DEAT ALTIMORE COUNTY						
s ofter o	RA	OR TOWN OF DE	WN	BÄLTI	MORE	OUNTY	OR OTHER INSTITUTION	N 126	USUAL OCT YPE OF WORK FO House	R MOST OF V		IFE) 12h	126 KIND OF BUSINESS INDUSTRY			
filled in fould be f	USU/ 13a. S	AL RESIDENCE (# NUR TATE Md	13h COUN Balti			BEFORE ADMISSION TOWN SVILLE	13d. INSIDE CITY LIMI YES NO	3	STREET ADD	DRESS / Z Laken	7 ZIP CODE emont Ave21228					
d within npletely and 2 sh	14. FA	Adolph	_	MIDOLE Kli	ngelho:	fer	15. MOTHER'S MAIDE		~	AIDDLE		Wess				
e execute	16a V	AS DECEASED EVER			166 SOCIAL		17 INFORMANT Ca	tons				d	2122			
physicion physicion propers. emovol.		18 CAUSE OF DEA PART I. DEATH V	TH (Enter or VAS CAUSE IMMEDIA)	ily one couse pe D BY: TE CAUSE (a)	r line for (o), (b	ond (c)	DIAL INFRA					T		MATE INTERVAL DISET AND DEATH		
quires that the death signed by the attendition ben please remove can the burlat, cremation, or other troumot	NC	Conditions, if any gove rise to imcause (a), stati underlying cous PART 2 OTHER SIG LEUKOCY	mediate ng the e last	DUE TO, O	DR AS A CONS		T NOT RELATED TO THE	E TERMINA	AL DISEASE C	DR CONDI	TION G	IVEN IN	PART 110)		
he low renon. has been the permit. I tene prior tows only it.	CERTIFICATION	19a DATE OF OPERA		,			ON WAS PERFORMED		200 AUTOPS	10 [IN CERT	ES, WER	E FINDIN CAUSES	NGS USED OF DEATH? NO		
SICIAN: The physicic physicic certificate circl-transit and Hygin term 18 shows the man 18		210. ACCIDENT WAS UN OR CONTRIBUTING [CAUSE OF DEA	HOUR A		DAY YEAR		CCURRED	(ENTER NATUR	e of injury	IN ITEM 18	PARTIO	RPART 2)			
offendir offendir iter this os the bu	MEDICAL	21d INJURY OCCUP			OF INJURY	FFICE FARM ETC)	21f LOCATION STREET		100	ITY OR TOW			PINUC	STATE		
Spital or Spital or CTOR: A for use of Health		22a Leertify that (sow the decea above,	sed alive on	of tall of tended the tall of the tall of the tall of the tall of tall	RCH	19 8 5	and that in (my) (oX) op		, to <u>09</u> th occurred o				from the			
AL OR AL DIRECTOR DIRECTOR DIRECTOR DE		226 SIGN	74		•]	DEGREE ATTEND	ING X	MEDICAL DIRECTOR [STAFF	AN 🗍		2c DATE	SIGNED ARCH 8		
TO HOSPITA retained by TO FUNERA should be de with the Stot IMPORTANT		ARTHUR			M.D.		3640 FO	RDS	LANE	BAI	TIM	10RI	E 21	215		
PE PE E E E E E E E E E E E E E E E E E		SURIAL, CREMATION SPECIFY) Buria	L	3/12/	' 85	New Ca	CEMETERY OR CREMAT	neter		l timo						
DHMH - 16 50M 4/83		JNERAL DIRECTOR						Sa DATE RI	EC'D. BY REG		-					
(VRA 15, 4)	73	6 Edmonds	on Ave	e.; Cato	nsvill	e, Md.	21228	MAR	111	105	X. 0.	Mil	Jam.	Anda ME		

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executed within 24 hours after death. Page 4

filled in by

STATE OF MARYLAND FOR - STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	0	,	-1	0	(1)
2	0	0	No.	7	U

	REGISTRAR		CERTIF	CAIL OF DEATH	R	EG. NO.		
		WIDDLE	11	AST	20. DATE OF DE	HINOM HTA	DAY YEAR	26. HOUR
(1"	George	Clifton	B	ollin	MARC	H 24	4 1985	2059 M
3. SI	EX	4. RACE			6 AGE (IN YEARS	LAST BIRTHDAY)		
	MALE	THE PRINT PR					S.	Mile,
₩a. 8	COUNTRY	76. CITIZEN OF WHAT COUNTRY?	8. MARRIE	NEVER MARRIED	9 BALTIMORE C	OF COUN	TY OF DEATH	
1		USA			Dan	15.	County	MD.
10. 0	THE CALLED FORTH IN A GREEN FOR COUNTY OF DEATH IN A GREEN FOR COUNTY OF DEATH IN A GREEN FOR THE COUNTY OF THE CO							
1	BECASE NAME							
13a	STATE 196 COUL	13c. CITY OR TOW	٧				mewh	etycot
	ATHER'S NAME			15. MOTHER'S MAIDEN	NAME	4		14
	VAMES		^	WITH	MAE	SA	RLET	7/
			RITY NO.	17. INFORMANT		ADDRESS	3535 4 1	McWherterer
			877	Shirley Gree	NISFC- DA	shter	Ft. Me40	em se
	18 CAUSE OF DEATH (Enter of	alv one cause per line for (a), (b), and	lict.)					
	PART I. DEATH WAS CAUSE	DBY: CAMPINER	sowa	tory one.	st			
	IMMEDIA	TE CAUSE (8)	1	1				100000
		DUE TO, OR AS A CONSEQUE	NCE OF					
		(b)						
	couse (a), stating the	DUE TO, OR AS A CONSEQUE	NCE OF					
	onderlying coose lost.	(c)						
1	. PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TE	RMINAL DISEASE OF	CONDITION	GIVEN IN PART	(0)
0								
3	190 DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATIO	WAS PERFORMED	20a AUTOPSY	? 20b. IF		
E	NIT				YES NO			
7 8		THE PARTY OF THE P	V VEAD	21c. HOW INJURY OCC	URRED (ENTER NATURE	OF INJURY IN ITEM	18 PART OR PART 2}	
1 X		AIR		1000				
Ĭ		21e PLACE OF INJURY						
Ž	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OFFICE, FA	RM ETC }	STREET	CI	YORTOWN	COUNTY	STATE
	22a.f certify that (I) (this hosp	ital) attended the deceased from_		, 19	, to		. 19	that (I) (we) last
	sow the deceased alive or	19	, on	d that in (my) (our) opini	on death occurred or	the date and l	hour and from the	couses stoted
		or) view the body offer death.		DEGREE			22c. DATE	SIGNED
	Bucele	in Buen	non	ATTENDING PHYSICIAN	MEDICAL DIRECTOR TO	STAFF	241	Manch St
1								
	AMARAGE MAG	SACA COT WC		Pinteral 1	Anne Ulaca	tal FA	Mean	MD
22-	BURIAL, CREMATION, REMOVAL		AME OF C	EMETERY OF CREMATOR	RY 231-LOCATIO		י אווואף	11.75
230.	BURIAL, CREMATION KEMOVAL	LUD. WATE	WILLIAM C	LINGERT OF CREMATOR	11 Transfer WIN	12		

DHMH - 16 50M 4/82

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and a should be detached for use as the buriol-transit permit. Then please remove carbompapers. Pages with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

IMPORTANT: If Item 21 is morked or Item 18 shows any injury, or other troumotic event, the

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be

etoined by the hospital or ottending physicion.

(VRA 15, 4)

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BY REGISTRAR 256 REGISTRAR'S SIGNATURE TO 25a DATE REC'D MAR

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campletely filled in by the funeral as s 1 and 2 should be filed within 72 ha FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES CERTIFICATE OF DEATH

3. 6	0	6	-	0
2	U	0	8	1
REG	NO			

1		CEASED NAME	FIRST		MIDDLE		LA:			20 DATE OF DEATH		DAY YEAR	2b. HOU	IR
		WIL	LIAM	HEN	RY	BOM				March		1985	17-	AN
	3. SEX			4. RACE				BIRTH	\R	6 AGE (IN YEARS LAST BIRT	HDAY	MONTHS DAYS	IF UNDER	24 HRS MIN.
							July 21 1906 1		78	YRS				
1	76. BIRTHPLACE (STATE OR FOREIGN TO CITIZE Maryland				WHAT COUN	MA		X NEVER MARRIE	ן ויי ס	9 BALTIMORE CITY O Baltimo				
2		TY OR TOWN OF DEA	TH				ME OF	DIVORCED		120 USUAL OCCUPATION		12b KIND C	E BUSIN	ME ESS OR
E	Т	owson			HFACHITY, GIVE STREET ADDRESS) Quincy Road 21204				Tax Accoun	tant	Petr	oleu	m	
	13a. S	AL RESIDENCE (IF NURSI TATE aryland	Balt	other institution. IY IMore	Towso	TOWN		134. INSIDE CITY LIAN YES NO P	JTS?	13e.STREET_ADDRESS / Quin	cy R	oad 2120)4	
	14 FA	THER'S NAME		MIDDLE	LAS	ī		15. MOTHER'S MAIDE	EN NAM	MIDDLE MIDDLE		LAS	1	
	Henry				Bomha		:	Gertrude			Here	Hergenruth		
T		AS DECEASED EVER		MED FORCES?	166 SOCIAL SECURITY NO. 17 INFORMANT			ADDRESS						
	NO			-	212-0	9-3988	3 1	1rs. Alice	G.	Bomhardt 8	05 Q			
I		18. CAUSE OF DEATH	1 (Enter on	ly one couse per	line for (o), (l	bi, and		1		1		BETWEEN	MATE INTEI ONSET AND	PAL
1		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and Cause OF DEATH (Enter only one couse per line for (o), (b), and DEAT PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) IMMEDIATE CAUSE (o)												
1		DUE TO, OR AS A CONSEQUENCE OF												
1		Conditions, if ony,		(b)			<u>e</u>	ronan	Len	they to	n ca 4	P		
1		couse (a), stating	g the	DUE TO, O	R AS A CONS	EQUENCE (OF							
ı				(c)										
ł	Z	PART 2 OTHER SIGN	ONDITIONS <u>CC</u>	CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM					NAT DISEASE OR CONT	DILION G	IVEN IN PART IT	5		
t	CERTIFICATION	190 DATE OF OPERAT	TION FOR WHICH OPERATION WAS PERFORMED				20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?							
1	TFIC									YES NOT		TIFYING CAUSES YES 🗍	OF DEAT	
1	CER	21a. ACCIDENT WAS UND	_			. DAY V	CAD	71c HOW INJURY O	CCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 1	8 PART 1 OR PART 2)		
	¥	OR CONTRIBUTING C		10	M. MONTH M.		19 19							
ı	MEDICAL	21d. INJURY OCCURR	ED	21e PLACE	OF INJURY	erice Eadaa et		21f. LOCATION		CITY OR TO	WN	COUNTY		STATE
١	8	WHILE NOT WH	ILE	(AI HUME SI	REI, FACIONY, O	PFICE, FARM EI	.)	31122						
١		22s.1 certify that (I)	(this hospit	tol) attended th	e deceosed f	rom		, 19_				, 19,	that (I) (we) lo
ı		sow the decease above, (I) (we) (d	d alive on,	t) view the badu	ofter death.	19	_, one	d that in (my) (our) of	pinion d	leath accurred on the do	ite and h	our and from the	couses st	oted
ı		sow the deceased alive an												
		ATTENDING MEDICAL PHYSICIAN TO DIRECTOR [3/18	165	
/		22d. PHYSICIAN'S NA	ME (TYPEO	R PRINT)				22e. ADDRESS				/		
		James	C. R	icely				6701	N. (Charles Str	eet	21204		
1	23a. B	URIAL, CREMATION,	REMOVAL			23c. NAME	OF CE	METERY OR CREMAT	TORY	23d LOCATION		COUNTY		STATE
- [Cremation		3-19.	-85	Gree	nmc			Baltimo:				Md.
ſ	24 FL	JNERAL DIRECTOR			ADD	RESS				REC'D. BY REGISTRAR	25h REG	STRAR'S SIGNAT	URE	9
1	M	litchell-Wi	edefe	ald Home			Roa	d 21212	MAR	1 8 1985	" But the	world de la constante de la co		

DHMH - 16 50M 4/83 (VRA 15, 4)

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etained by the hospital ar ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and cai should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

- 1					STAT	E OF MARYLAND	(3)	0 4	7 1	0 0	
-1	1.	FOR STATE		DEP	ARTMENT OF H	EALTH AND MENTAL HY	GIENE O S	0 0		1 600	
-1	1	REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	10			
1		CEASED NAME FIRST		MIDDLE	- t	AST	20 DATE OF DEATH	MONTH DAY	YEAR	26 HOUR	
1		Hugh)	111	B	bas	3/14/85 11:00 PM				
	5E)	U	4 RACE		5. DATE C		6. AGE (IN YEARS LAST BY			IF UNDER 24 HRS	
1		MALE	BLa	CY	MONTE	DAY YEAR	68	YRS.	NIHS DAYS	HOURS MIN.	
1		RTHPLACE ISTATE OF FOREIGN	76 CITIZEN OF	WHAT COUN	TRY? 8	- De unione II	9 BALTIMORE CITY		FDEATH		
4	N	. Carolina	U.S	Α.	MARRIE		Baltil	More	Cam	nt V MD	
칙	0,61	TY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NU	JRSING HOME	OR OTHER INSTITUTION	12a USUAL OCCUPAT	ION	126 KIND OF	BUSINESS OR	
1	7	TOW SON!	ST.	H FACILITY, GIVE	OP h	HOSPITAL	(1YPE OF WORK FOR MOST	OF WORKING LIFE)	INDUSTRY		
		AL RESIDENCE (IF NURSING HOME		GIVE RESIDENCE		Alal major city invited	La CEDETT ADDRESS	/ 710 CODE	2121	2	
2		Nd V	ONTI	Bal	TO	YES NO 1	13e.STREET ADDRESS	Vank	Ro		
4	_	THER'S NAME		17004		15 MOTHER'S MAIDEN NA	ME	1			
Я		Thomas	WIDDLE	Bond		Eva	MIDDLE L.		Parke	r	
9		VAS DECEASED EVER IN U.S.			SECURITY NO.	17 INFORMANT	ADDR				
4	(Y	NO (1F YES.	GIVE WAR OR DATES)	231-0	07-0364	Mary Bond	4419 old	York	Road		
F		18 CAUSE OF DEATH (Enter	anly ane cause per	line fail (iii), th	a), mind or					ATÉ INTERVAL NSET AND DEATH	
-1		PART I. DEATH WAS CAU	ISED BY:	920	stris	Corrie		ntl			
-		IMMED	IATE CAUSE (a)	-	inen	metanta	and .				
-1			DUE TO, O	R AS A CONS	EQUENCE OF						
-1		Conditions, if any, which gave rise to immediate	(b)			*					
-1		couse (a), stoting the	DUE TO, O	RASACONS	EQUENCE OF						
_		underlying cause lost.	(()								
1		PART 2 OTHER SIGNIFICAN	T CONDITIONS CO	ONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVEN	IN PART 110		
	Ö										
1	CAT	190 DATE OF OPERATION	196 COND	ITION FOR W	HICH OPERATIO	N WAS PERFORMED	20m AUTOPSY?		VERE FINDING		
	CERTIFICATION						YES NO	YES [NG CAUSES C	NO []	
2	CER	21a ACCIDENT WAS UNDERLYING				21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJ	IRY IN ITEM 18 PART	I OR PART 2)		
7	CAL	OR CONTRIBUTING CAUSE OF	DEATH		DAY YEAR						
-1	DIC.	(IF EITHER NOTIFY MEDICAL EXAM)	21e. PLACE	M. OF INJURY	19	211 LOCATION					
1	MEDI	WHILE NOT WHILE AT WORK			FFICE, FARM ETC)	STREET	CITY OR TO)WN	COUNTY	STATE	
-1		22a.l certify that (I) (this ho	spital) attended th	e deceased fo	rom	19.	to		+1-	not (1) (we) last	
		sow the deceased alive	on			nd that in (my) (our) opinion					
		abave, (1) (we) (did) (did 22h SIGNATURE	nat view the bady	after death.		DEGREE			22c. DATES		
1		1 T	5	0.	- "	2 ATTENDING	MEDICAL STA	FF .	3	111/5	
4		Poeacci	3	Jun J	on	PHYSICIAN	DIRECTOR PHYSI	CIAN D	13/1	7/8	
		22d. PHYSICIAN'S NAME (TY	OR PRINT)	0		22e ADDRESS					
-		BURIAL, CREMATION, REMOV		10-		EMETERY OR CREMATORY	23d. LOCATION		OUNTY	T STATE	
	B	URIAL	3/18	/85	Druid	Ridge Cem.	Baltimo	re,	COUNTY	Md.STATE	

Wm C^{AM}March F/H Inc. 1101^{ADD}E North Avenue

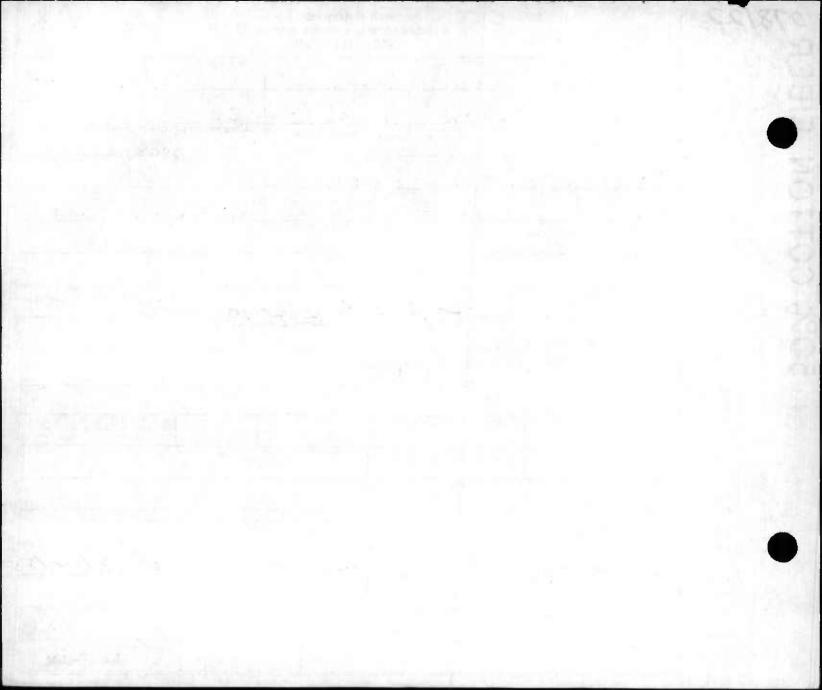
250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE

MAR 1 Q 1005 Lavidson-Randall

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been upped by the attending physics should be detached for use as the buriol-fronsit permit. Then plante remove carban appears the Stote Dept. of Health and Mental Hygiene prior to buriol. Cremution. or removal MPORTANT: If Item 21 is marked or Item 18 shows ony injury, as other trainmatic event the

estained by the hospital or attending physician.



ony injury, or ather troumatic event, the medical

certificate has been signed by the ottending physici mainteness permit. Then please remove carbon poper mital hygique prior to buriol, cremation, or removal.

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-	STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 CERTIFICATE OF DEATH

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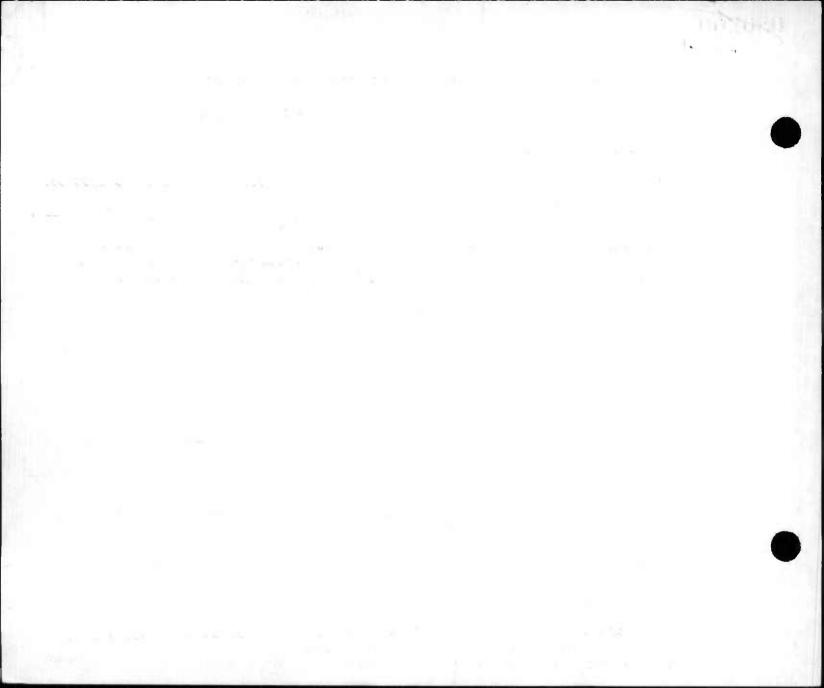
MAR 1 2 1985 Julia Davidson-Randa

1		REGISTRAR			. Chil oi b		REG. NO	١,		
		CEASED NAME FIRST OR PRINT)	WIDDLE	i	AST		20 DATE OF DEATH	HINON	DAY YEAR	26 HOUR
	1111	WILL	LIAM G.	Bo	G~ c	Sr.	march	10,	85	6,40 M
	3. SEX	X .	4 RACE	5 DATE C		YEAR	6. AGE (IN YEARS LAST BIRT	HDAY)	FUNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
١l		MALE	WHITE	MONTH	30	08	76 YRS			
K		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTR	Y? 8 MARRIE	D NEVER A	ARRIED -	9. BALTIMORE CITY OF	COUNT	Y OF DEATH	
D		aryland	USA	WIDOWE		ORCED	Beur	Ca	oung	MD.
1	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR		OR OTHER INST	ITUTION	120. USUAL OCCUPATION			F BUSINESS OR
g	KA	inday stown			030.				d Biscui	t Co.
-		AL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION, GIVE RESIDENCE BEF		13d. INSIDE C	TY LIMITS?	13e STREET ADDRESS /			
2		Ma 134	cto Baun		YES 🗌	NO 🖫	3612 Land	reh	r Rd	21207_
1	14. FA	THER'S NAME	MIDDLE 1AST			MAIDEN NAM	NE MIDDLE	7	LAS	51
U	(Clarence	Bond			her			Geist	
-		VAS DECEASED EVER IN U.S. AR			17 INFORMA	NT Balti	imore ADDRES	SS MD	2120	17
	, ,	No	213-89	-6941	Edna Mo	y Bond	3612 Lang	rehr		
		18 CAUSE OF DEATH (Enter or	nly ane cause per line for (a), (b),	and (c+)					BETWEEN	MATE INTERVAL ONSET AND DEATH
		PART I. DEATH WAS CAUSE IMMEDIA	TE CAUSE (o) 3 4	phice	mia					
			DUE TO, OR AS A CONSEC	QUENCE OF						
		Conditions, if any, which	(b) De	culuit	رب حب	Lea				
		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEC	QUENCE OF						
		underlying cause last	(c)							
	_		CONDITIONS CONTRIBUTING T	O DEATH BUT	NOT RELATED	TO THE TERMI		ITION GI	VEN IN PART 10	o ·
	CERTIFICATION		relevative c	oilore-	- 10 m	معد	elenan			
2	ICA	190 DATE OF OPERATION	1%. CONDITION FOR WHI	CH OPERATIO	N WAS PERFO	RMED	20a AUTOPSY?		S, WERE FINDIN	OF DEATH?
1	RT		7		Tax Monday	Tiev e series	YES NO		ES 🗌	NO []
1		210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		DAY YEAR	ZIC HOW IN	JURY OCCURRI	ED (ENTER NATURE OF INJUR	IN ITEM 18	PART I OR PART 2)	
4	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE		19	211. LOCATIO	NI.				
	MED	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC	CE, FARM, ETC)	STREET	714	CITY OR TOV	/N	COUNTY	STATE
		WHILE NOT WHILE AT WORK		7- (h - 2-0,	0/3	in Monch	10,	0	
			ital) ottended the deceased from		$\overline{}$	_, 19 <u></u> > (aur) aninian d	eath accurred on the da		, , ,,	that (I) (we) last
		obove, (I) (we ((did)) did no 27h SIGNATURE	at) view the body after death.		DEGREE				22c. DATE	
		CO (7		Δ	TTENDING	MEDICAL STAF		7	SIGIVED
-		724 PHYSICIAN'S NAME (TYPE	Commence of the control of the contr	رر ال حد	22e. ADDRES		DIRECTOR PHYSIC	ANDO	5-7	0-87
				10000			Co. G.		0 4-	0.0
	22- 0	CHASSEM	Pour no Tr		EMETERY OR C		23d. LOCATION		4 1-63	7
		BURIAL, CREMATION, REMOVAL					CITY OR TOWN		COUNTY	STATE
	24 FI	Burial		NOOGLAW	n Cemet	ery	Woodlawn	<u> </u>	timore	MD
	079	28 Liberty Rd.	Randallstown,	SMD 9	ors, in 1133	MA	R 1 2 100E	Listia	Davidson-V	Randell
	0/4	ao hoverby na.	manual is lower,	IIU G	TTOO	IVI/A	1 COS 0 1	1 was		1

DHMH - 16 50M 4/83 (VRA 15, 4)

TO HOSPITAL

to FUNERAL DIRECTOR, A should be detached for use with the State Dept, of Heal MPORTANT, If hem 21 is m

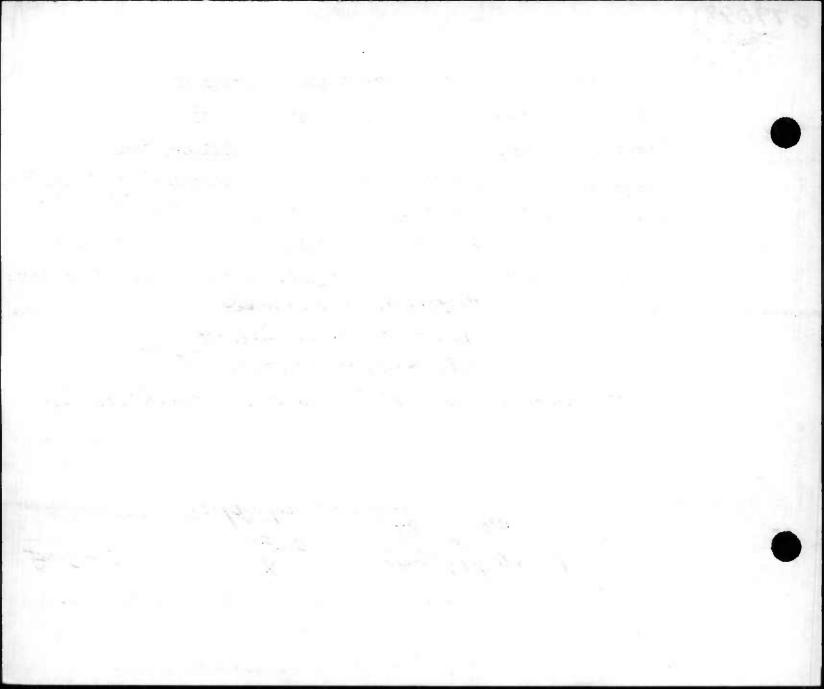


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1.1		CEASED NAME FIRST		MIDDLE		AST	20 DATE OF DEATH MONTH	DAY YEAR	2b. HOUR
1 (A)	(ITPE	RAYM	OND 3	JAMES	ВО	NNEVILLE	March 12.	1985	3:30pm
	3. SE	(4 RACE		5. DATE (6. AGE (IN YEARS LAST BIRTHDAY)	# UNDER I YEAR	IF UNDER 24 HRS
acto a	1	Male	Cauca	asian	Feb		65	rs.	
10 DC		RTHPLACE (STATE OR FOREIGN		WHAT COUN	MARRIE	D NEVER MARRIED	9 BALTIMORE CITY OR CO	UNTY OF DEATH	
100		Maryland	USA		WIDOW	DIVORCED	Baltimore	County	MD.
y the led will	10 CI	TY OR TOWN OF DEATH		HOSPITAL, NI		OR OTHER INSTITUTION	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK		OF BUSINESS OR
d in by the be filed in by the befiled in by the		Baltimore	520		1ton A	ve, 21206	Steelworke	r Nati	onal Car
d be	USU/ 130 S	AL RESIDENCE (IF NURSING HO) TATE 13b C	ME OR OTHER INSTITUTION OUNTY	13c. CITY OR		134 INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP	CODE Balto	, Md.
completely filled I and 2 should to			altimore	Balt	imore	YES NO 🕏	5202 Hamil	con Ave,	21206
d 2 s	14 FA	THER'S NAME FIRST	WIDDIE	LAS		15 MOTHER'S MAIDEN NA	WE	IA:	ST
ond i		Raymond			ville	Lillie		ColÎ	ins
Poges 1		VAS DECEASED EVER IN U.S	S. GIVE WAR OR DATES)		SECURITY NO.	17 INFORMANT	ADDRESS		
Pool S	_	Yes ι	ınknown	220-	-05-887	7 Karyn J.	Rosario, dgh	tr,same	as abov
physicic npaper maval.		18 CAUSE OF DEATH (Ent PART I. DEATH WAS CA	er only one cause pe NUSED BY: DIATE CAUSE (0)	Cord	ear ar	rest Preser	me	APPROX BETWEEN	XIMATÉ INTERVAL I ONSET AND DEATH
of the actending se remaye carbo cremation, ar rither traumation.		Conditions, if ony, whic gove rise to immediat couse (a), stating th underlying cause los	e DUE TO, C	PASA CONS	TO CLO	other Heats	Der 84 Derail		
en signed b Then pleas or ta burial,	NOIL	PART 2. OF SER SIGNIFICA	NT CONDITIONS C	ONTRIBUTING	S TO DEATH OUT	Pr-faul &	MINAL DISEASE OR CONDITION	N PART 10	ever
on. has be t permit tene price ows any	CERTIFICATION	190 DATÉ OF OPERATION	196 CON	DITION FOR W	HICH OPERATIO	n was Performed		IF YES, WERE FIND! ERTIFYING CAUSES YES	
nding physici nding physici his certificate burial-transi d Mental Hyg lar Item 18 sh	MEDICAL CER	21a. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF THE CONTRIBUTING CAUSE OF THE CONTRIBUTION OF T	MINER) HOUR A	OF INJURY A.M. MONTH P.M. OF INJURY TREET, FACTORY, O	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITE	M 18 PART I OR PART 2)	STATE
offer the standard st	2	AT WORK NOT WHILE		THE COUNTY OF	N.	1. Dudka	nank		
of of the office		22a.1 certify that (I) (this sow the deceased aliv	e on pre		1244	nd that in (my) (our) apinion	death occurred on the date on	, 19, d have and from the	that (I) (we) last ecouses stated
by the hosp by the hosp JERAL DIRECT Se detoched for State Dept of ANT: If Item 2		obove, (I) (we) (did) (d	Brivas	yley	tus	DEGREE ATTEMBING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN [17-	13-85
d be d be be be be be d be be d be		22d. PHYSICIAN'S NAME (TYPE OR PRINT)			22e ADDRESS			
etoined by TO FUNERA shauld be d with the Sto			n Taylor	c, M.D			Square Hosp,	Balto,	Md.
		BURIAL, CREMATION, REMO				CEMETERY OR CREMATORY	23d. LOCATION CITY OR LOWN	COUNTY	STATE
BP	L	Burial	3/1	5/85	Crest	lawn Cem.	Balto,	Md.	

DHMH - 16 50M 4/83 (VRA 15, 4)

Crestlawn Cem. 3/15/85 Burial 24 FUNERAL DIRECTOR SCHIMUNEK FUNERAL HOME, Balto, Md. 21213

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE



FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGJENE

0	A	7	9	5
REG. N	NO.			

١	1 - STATE REGISTRAR MED	DICAL EXAMINER'S C	ERTIFICATE OF	FDEATH REG. NO.	5//
Ì	DECEASED NAME FIRST	WIDDLE	LAST	20. DATE KNOWN DE OF ESTI-	MONTH DAY YEAR 26. HOUR
l	JOSEPH ERWARD BONSALL -)r.		DEATH MATED	\$ 20 10 60 13/) M
1	4 RACE 5. DATE OF BIRTH	6. AGE (IN YEARS IF UN LAST BIRTHDAY) MONTH	DER 1 YR. IF UNDER 2	24 HRS. 2c. DATE MIN PRONOUNCED	MONTH DAY YEAR 26. HOUR
1	Male White 1 30	1976 9 YRS.	15 DATS HOURS	DEAD	3/2) 1910 1313M
1	To BIRTHPLACE (STATE OR FOREIGN COUNTRY)	MARRII	IED NEVER MARRIE	1. BALTIMORE CITY OF	COUNTY OF DEATH
1	West Virginia U.S.			DOLL OTHIOT C	County, MD.
1	I IF NOT IN SUCH FAC	PITAL, NURSING HOME, OR OTHE CILITY, GIVE STREET ADDRESS)		120. USUAL OCCUPATION (TYPE (FOR MOST OF WORKING LIFE)	OF WORK 12b. KIND OF BUSINESS OR INDUSTRY
1		land, Hyman&Shac	kman, P.A.	Student	Education
1	USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVI	13c. CITY OR TOWN		13e. STREET ADDRESS	21043
1	Maryland Howard	Ellicott City	YES NO	8522 Piner	un Coutt
1	M. EATHER'S NAME	LAST	15 MOTHER'S MAIDEN	N NAME MIDDLE	LAST
1	Joseph Edward	Bonsall, Sr.	Sally 17 INFORMANT	ADDRECC	Hurley
1	(YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES)	166 SOCIAL SECURITY NO.		AD08552	
1			Mrs. Salle	y Bonsall Ell	icott City, Md.
	18 CAUSE OF DEATH (Enter only one cause per line to PART I DEATH WAS CAUSED BY:	0			BETWEEN ONSET AND DEATH
	IMMEDIATE CAUSE (a)	AS A CONSEQUENCE OF			4 9 M/2
	Canditians, if any, which	alama la haduela	-00-		1000
1	gave rise to immediate (b) DUE TO, OR A	AS A CONSEQUENCE OF	47		10
	lying cause last.	TO PI SECTION	C		
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH B	BUT NOT RELATED TO THE TERMINAL DISEASE	E OR CONDITION GIVEN IN PART	T 1 (a).	
-	1000				
1	196 DATE OF OPERATION 196 CONDITI	ION FOR WHICH OPERATION W	AS PERFORMED?		20 AUTOPSY?
1	THE STATE OF THE S				YES D NO
1		INJURY 21c. HC	OW INJURY OCCURRED	LENTER NATURE OF INJURY IN ITEM 18 PA	ART 1 OR PART 2)
1	UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M.	. 19	1.00		
1	STREET, FACTO		CATION	CITY OR TOWN	COUNTY STATE
1	AT WORK AT WORK	(1945)			
	220 I certify that I taak charge at the remains desc	cribed abave, held an Autaps	sy , Inspection,	Inquiry [], and	in my apinian
	death resulted fram: Natural causes ,	Accident , Suicide	, Hamicide .	Undetermined manner .	
	ACTUAL STATE OF		TITLE (SPECIFY)		-12/6
-	SIGNATURE HEREY GEROOF	M.	D. DONETY	MEDICAL EXAMINER	SIGNED 3/20/FU
4	EXAMINER'S NAME STANLEY Z. FR.	Enbers Mo	1 VF	clone, 80 217	27
1	(TYPE OR PRINT) 3 6 1 236 DATE	123c, NAME OF CEMETERY OF	ADDRESS.	1234 LOCATION	
1	(SPECIFY) Burial 3-30-85	Sunset Memor		CITY OR TOWN	COUNTY STATE
ł	24 FUNERAL DIRECTOR			South Charlest	on Kanawha W. V.
I	Marzullo Funeral Service	Reisterstown, Mc	d. MAR	29 1985	widson-Randelle
ı			Uttil	0 3 1000 N	

DHMH - 17 20M 4/82

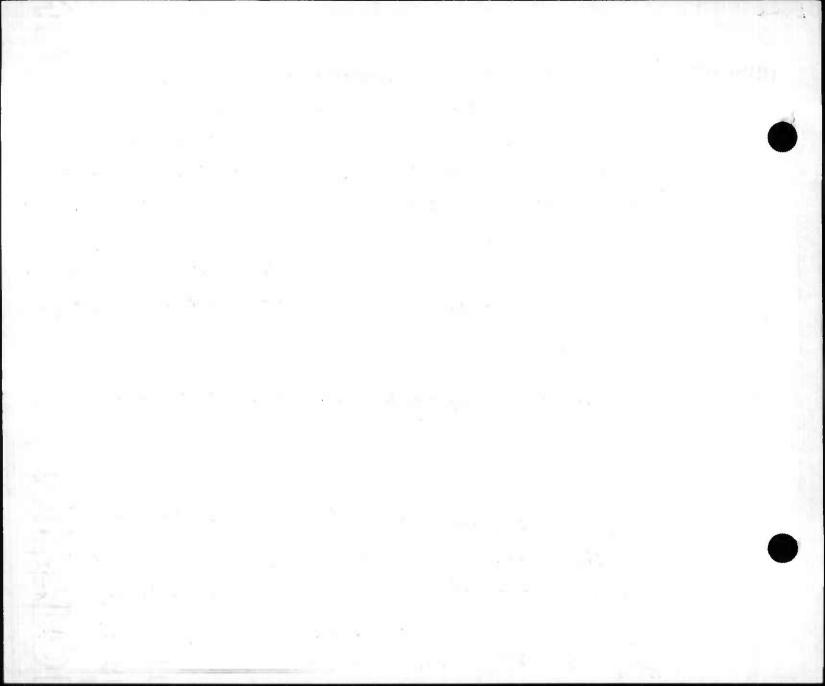
(VR A15 ME (5))

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190 to 12 years agreement to be a factor of the second

Person during Common

6	1-	FOR - STATE REGISTRAR			DEPART	MENT OF H	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	IENES 5	0 6	1	9 6
- 400			IRST		MIDDLE		AST	20 DATE OF DEATH	MONTH DAY	YEAR	2b. HOUR
09\$108	(ITPE	OR PRINT)	lami	e Fr	ances	Во	rchardt		03 31	85	8:00 M
moy	3 SE	х	14	RACE		5. DATE O		& AGE (IN YEARS LAST BIR		JNDER 1 YEAR	
Poge 4	I	Female		Cauca	sian	MONT		0.7	YRS.	ITHS DAYS	HOURS MIN
Poge 1	7a BI	IRTHPLACE (STATE OR FOREN	ign 7	L CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	9 BALTIMORE CITY		FDEATH	
deegm thin Set o	I	Waryland		USA		WIDOW		Baltimo	re Cou	nty	MD.
s after d by the fur filed with		TY OR TOWN OF DEATH	1	1. NAME OF I	H FACILITY, GIVE STREET	ADDRESS)	Rd .	120 USUAL OCCUPAT (HYPE OF WORK FOR MOSTIC HOUSEWII		IZE KIND (OF BUSINESS OR
executed within 24 hours after and campletely filled in by the ages 1 and 2 should be filled with edical examiner must be hattiffed.	13a S	AL RESIDENCE (IF NURSING STATE aryland B	b COUNT		Baltim	e admission) 'N IOTE	134 INSIDE CITY LIMITS?	10115 Bi	rd Riv	er R	d. 2122
tely 2 sh	14. F	ATHER'S NAME		IDDLE			15 MOTHER'S MAIDEN NA	ME			
mple ond		Joseph	м	S7	ifker		Banbar	MIDDLE A.	Jero	usek	151
d cor	16a V	WAS DECEASED EVER IN		NED FORCES?	IS SOCIAL SECU	IRITY NO.	17 INFORMANT	ADDR	SS		
n and co		NO.	r res, Give v	WAR OR DATES)	2130781	21	Evelyn Bar	tenfelder	2113	0akl	and Rd.
sicia ppers ral.		18. CAUSE OF DEATH	Enter only	one couse per	lige for (a), (b), on	dicti	0 - 0 - 0			APPRO) BETWEEN	XIMATE INTERVAL
sphysici an paper emaval. event, th		PART I. DEATH WAS		CAUSE (0)	How)	ocker	slie Corde	overhide	en.	13	-type.
th ce nding carb , ar r				DUE TO, O	R AS A CONSEQU	ENCE OF					,
the attendin remove carb ematian, ar i er traumatic		Conditions, if any, w		(b)_				<u>-</u>			_
gned by the gned by the en please rem burial, creminy, or ather t		couse (0), stoting		DUE TO, O	r as a conseou	ENCE OF					
아 아이	NO	PART 2 OTHER SIGNIFICATION	10	4-	untributing to	DEATH BUT	NOT RELATED TO THE TERM	INALDISEASE OF CON	DITION GIVEN	IN PART 1	15 tys
n. no bermit	CERTIFICATION	19a DATE OF OPERATIO	ON D	196 COND	ITION FOR WHIC	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, V IN CERTIFYII YES	G CAUSE	INGS USED S OF DEATH?
G PHYSICIAN The law attending physician. er this certificate has be the burial-transit permit and Mental Hygiene private or term 8 shows an		21a ACCIDENT WAS UNDERLOOR CONTRIBUTING CAU	SE OF DEAT		M. MONTH D		21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18, PART	1 OR PART 2)	
HYSIC Iding is cer buric Ment	MEDICAL	(IF EITHER, NOTIFY MEDICALE: 21d. INJURY OCCURRED		21e PLACE		19	21f LOCATION	· · · · · · · · · · · · · · · · · · ·			
OING PH or attend After the e os the I alth and marked o	WE	WHILE AT WORK AT WORK		(AT HOME, STI	REET, FACTORY, OFFICE, I	ARM, ETC)	STREET	CITY OR TO		COUNTY	STATE
- v 6		22a. I certify that (I) (the saw the deceased of		ol) offended th	e deceased from_		d that in (my) (er) apinion in	depth progred on the d	19	and from the	, that (Li (we) lost
ATTEN haspital IRECTOR hed far u tem 21 is		obove, (*(we) (did)					DEGREE		ore ond noor o	_	E SIGNED
5 0 0 0 ±		pter	· C.	HE		,	MIN ATTENDING PHYSICIAN	MEDICAL STA		4	-1-65
O P P P P P P P P P P P P P P P P P P P		22d PHISICIAN'S NAME	E (TYPE OR	Hyk	MP		7577B	dan Fel 1	Balli:	1730	med
BP		Burial, CREMATION, REA SPECIFY) Burial	MOVAL	236. DATE 4/3/8		name of c	emetery or crematory nd Nem Par	23d. LOCATION CITY OR TOWN	Bac	Pto ,	STATE
DHMH-16 20M (VRA 15, 4) 7/78	24 FI	UNERAL DIRECTOR	l	1211	ADDRESS Che Gu	A	7, 21237 AP	RES'D. BY REGISTION 1985	256 RECHERK	RSSIGNA	TURE
	_	7.9									



	1		ı
576	20	27	
Octobe horizined	icolexominer	IMPORTANT: If Hem 21 is morked or Hem 18 shows any injury, arather troumatic event, the medical examiner must	
	6	with the State Dept of Health and Mental Hygiene prior to burial, cremation, or remayal.	
led in by the futeral	d completely files I ond 2 shou	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral should be detached for use as the busiol-transit permit. Then please remove corban popers. Pages 1 and 2 should be filled within 7.	
4 noors drier	ecured within a	TO NOSTITAL OR ALTENDING PRISICIANS in the low requires that the again certificate be executed within 24 hours after interest retained by the hospital or ottending physicion.	· Com
		O UNCOTAN OR STERNING PROCESSAS TELES	_
D 21201	RE, MARYLAN	DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	

BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	-
CERTIFICATE OF DEATH	

3	5	0	6	7	9	7

	1.	FOR STATE REGISTRAR			DEPART		EALTH AND MENTA		IE 8 5	NO.	0 /	7 /
I		CEASED NAME	FIRST		MIDDLE	L	AST	20	DATE OF DEATH		AY YEAR	26 HOUR
		Co. Co.	Mary	E. B	ORTNER			M	arch 1 1	0.05		2.252 M
V	3.5E)			4. RACE		5 DATE C			AGE (IN YEARS LAST		ONTHS DAYS	HOURS MIN
)		Female		Whit	te	Oct	14 189	8	86	YRS.	DATS	MIN,
	0	RTHPLACE (STATE O	OR FOREIGN		WHAT COUNTRY?	8 MARRIE	D NEVER MARRIEL	D 9	BALTIMORE CITY	OR COUNTY	OF DEATH	
		aryland			JSA	WIDOWE	DIVORCE	D B	altimore			MD.
7		TY OR TOWN OF D	EATH		HOSPITAL, NURSIF UCH FACILITY, GIVE STREET SLIN SQU		OR OTHER INSTITUTION		USUAL OCCUPA HOUSEWI		126 KIND C	OF BUSINESS OR
		ssville			TITH SQU		Hospital		Housewi	.ie		
)	130. S	aryland		timor e			136 INSIDE CITY LIMI		street address 1000 Fra		Ave.	21221
1		amuel	o'	MIDDLE •	Bower	S	15. MOTHER'S MAIDE	ENNAME	V MIDDLE		Dix	ön
	16a. V	AS DECEASED EVE			166 SOCIAL SECU	JRITY NO.	17 INFORMANT	77	ADD	RESS		21224
	ń	ES, NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	212-09	-700	7 Lillian	ı C.	Cross 5	23 Fa	irvie	w Ave.
		18. CAUSE OF DEA	TH Enter on	y one couse p	er line for (a), (b), ar	nd re					APPROX 8ETWEEN	IMATE INTERVAL ONSET AND DEATH
		PART I. DEATH		BY: E CAUSE (o)	Cardiac	Arrest	. Respirat	ory	Arrest			
			iivavie e a		or as a consequ		,	,			-	HAMBE
		Conditions, if an			Pulmonary							
		gave rise to immediate) cause (a), stating the) DUETO OR AS A CONSEQUENCE OF										
		underlying couse last. (c) Severe Coronary Artery Disease								Market .		
	7	PART 2 OTHER SIG	GNIFICANT	ONDITIONS (ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE	ETERMINA	AL DISEASE OR CO	NDITION GIVE	N IN PART 1	ō
_	CERTIFICATION		The condition convince			OPERATION WAS REDEORMED				Ton as uses	WERE FINDINGS USED	
	FICA	19a DATE OF OPER	AHON	196. CONI	DITION FOR WHICH	OPERATION WAS PERFORMED			20a AUTOPSY?	IN CERTIFY	ING CAUSES	OF DEATH?
,	RTI	21a. ACCIDENT WAS U	INDERIVANCE TO	215 TIME	OF INJURY		121. HOW INCHES	CCURRE	YES NOLY	YES		NO 🗌
		OR CONTRIBUTING			A.M. MONTH D	AY YEAR	YEAR 216 HOW INJURY OCCUR		RRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR			
	MEDICAL	(IF EITHER NOTIFY ME		_	P.M. E OF INJURY	19	211 LOCATION	-				
	MED	WHILE NOT Y	WHILE O	(AT HOME S	TREET FACTORY, OFFICE		STREET	1	CITY OR	NWOT	COUNTY	STATE
		220 I certify that 6	(this hospit	al) attended t	he deceased from	ebrua	ry 21 19_	85	. 10 March	1		that (# (we) last
		saw the deced above, (44 (we)	osed olive on. (did)(did not	Ma Keba	y after death.		nd that in (my) (our) op	pınian dea	th accurred on the	date and hour		
		226. SIGNATURE	1 00001	1. L	Bulan	141	DEGREE	INIC	MEDICAL ST	ACC	22c DATE	SIGNED
_										03/0	1/85	
		22d PHYSICIAN'S					22e ADDRESS					
					ett, M.D.				n Sq. Dr.	, 21237		
	7	URIAL, CREMATION	N, REMOVAL	23b. DATE			EMETERY OR CREMAT		236 LOCATION	timore	COUNTY	STATE THE
		urial		3/4/	85 0.	ak La	awn Cemet					
			Funer	al Ho	me of Dor Du	indal	.k	MAAD	1 7 400F	Fichia Ja		
	0	1111077	_ ~1101	~_ 110.				MAIN	1 0 1300	True va	nigroup.	- freeze

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STATE OF MARYLAND 085059 FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE. - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 2a. DATE KNOWN (TYPE OR PRINT) OF 3-18-85 BOWARD BARBARA ANN DEATH MATED DATE OF BIRTH A AGE (IN YEARS SEX 4. RACE IF UNDER 1 YR. IF UNDER 24 HRS 2AMPUR DATE MONTH YEAR PRONOUNCED FEMALE WHITE 2 40 DEAD BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Baltimore County U.S.A. Maryland DIVORCED WIDOWED [11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY 4049 McDowell Lane CO OWNER BAR HIGHLANDS 30 STATE BALTO. HIGHLANDS YES 13e STREET ADDRESS 13d. INSIDE CITY LIMITS? MARYLAND BALTIMORE NOX 21227 4049 MCDOWELL LANE 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST JOSEPH COLGAN CATHERINE FUNK 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT 21227 (YES, NO. OR UNKNOWN) 214-40-9869 RICHARD L. BOWARD 4049 MCDOWELL LANE CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL USED AS A BURRAL - TRANSIT PERMIT OF HEALTH AND MENTAL HYGIENE, RIAL, CREMATION, OR REMOVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Cirrhosis IMMEDIATE CAUSE (o)____ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost DIVISION OF VITAL RECORDS, 201 PART 2 OTNED SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? BURIAL, YES K NO 🗌 EXECUTE THE CERTIFICATE, WRITING THE WOR PAGE 4 SHOULD BE FORWARDED TO THE CI TO FUNERAL DIRECTOR; PAGE 3 SHOULD BE AFIER DEATH, WITH THE STATE DEPARTMENT BALTIMORE, MARYLAND, 21201 PRIOR TO BUI 210. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21¢ HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION AT WORK AT WORLE STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE 22a. I certify that I took charge of the remains described above, held an Autopsy Inspection death resulted from: Natural causes Undetermined mpnner TITLE (SPECIFY) DATE 3-18-85 Assistant MEDICAL EXAMINER SIGNATURE 111 Penn Street EXAMINER'S NAME Margarita A. Korell, M.D. (TYPE OR PRINT) 23a BURIAL CREMATION REMOVAL 23b. DATE 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY Cremation Security Process Crematory Catonsville Balto. 3/19/85 07/84

21229

HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

25M

DHMH - 17

(VR A15 ME (5))

24. FUNERAL DIRECTOR

70.	FORE	THPLACE (STATE O	hite	5. DATE OF BIRTH MONTH DAY March 8 7b. CITIZEN OF WE USA		YRS.		MARRIED X		RE CITY OR		
PAGE 5	Es	liamspor ORTOWN OF D sex 2122	EATH	11. NAME OF HOS	SPITAL, NURSING HO	urt		IVORCED 120 US	BUALOCCUPA MOST OF WORKING Calurgi	altimo: TION (TYPE OF St	WORK 12	ounty b KIND OF BU OR INDUST Steel 1
A A THE DESCRIPTION OF 130	Ma	RESIDENCE (IF IN ATE TYLAND HER'S NAME	NURSING HOME OF	R OTHER INSTITUTION, GI Y LMO re	13 CITY OR TOWN	221			REET ADDRESS	llway	Cour	t 2122
SES I.	Sa W/	FIRST		nton, Sr LED FORCES?	16b. SOCIAL SECUR 054 12 1		I7. INFORMAN	eland C. B. Boj	Boynt Rt		West , Md	St. 218
HIN 24 HOUR IN ITEM 1B. ER ALIONG W. NSIT PERMIT. I HYGIENE D		8 CAUSE OF DE PART I DEATH Canditians, if	IMMEDIATI	E CAUSE (a) DUE TO, OR	AS A CONSEQUENCE	700	ardial	Inforc	turn			APPROXIMATI BETWEEN ONSE
UTED WITHIN 24 HOU IN PENCIL IN TEM IS EXAMINER ALONG SIAL TRANSIT PERMIT OMEUTAL HYGIENE, ON, OR REMOVAL.		Canditions, if gove rise to cause (a) statillying cause la	any, which or immediate ng the under- st.	DATRIBUTING TO DEATH	AS A CONSEQUENCE	E OF			tun			between onse
ATE SHOULD BE EXECUTED WITHIN 24 HOU E WORD "PENDING" IN PENCIL IN TEM IS THE CHIEF MEDICAL EXAMINER ALONG ID BE USED AS A BURIAL: TRANSIT PERMIT DERAY OF HEATTH AND MENTAL HYGIENE. O BURIAL, CREMATION, OR REMOVAL.	MEDICAL CERTIFICATION	Canditions, if gove rise to cause (a) statilying cause la PART 2 OTNER SIGNIFIC 190. DATE OF OPE 110. EXTERNAL CA JUNDERLYING CONTRIBUTING CONTRIBUTING TIME INJURY OCCU WHILE NO	WAS CAUSED IMMEDIATI any, which o immediate ng the under st. ANT CONDITIONS C RATION USE WAS OR CAUSE OF D	DUE TO, OR (b) DUE TO, OR (c) ONTRIBUTING TO DEATH 19b. CONDIT 21b. TIME OF HOUR A.M EATH P.M 21e. PLACE STREET FACE S	AS A CONSEQUENCE AS A CONSEQUENCE BUT NOT RELATED TO THE THE TION FOR WHICH OP TINJURY MONTH DAY YE	ERMINAL DISEASE PERATION W		9?	NATURE OF INJURY			20 AUTOPSY: YES

THE REPORT OF THE PARTY OF THE Let ly South San Services TRE de nitro motoro content a [1] The second of the second secon

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALLIMORE, MARTLAND 2 1201	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death retained by the hospital or attending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and congletely tilled in by the fundate should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages I and 3 should be find within 22 with the State Dept. of Health and Mental Hygiene priar to burial, cremation, or removal.	IMPORTANT: If Nem 21 is marked or item (18 shows any injury, ar other traumotic event, the medical but miner must be neithed at a
	TO HOSPITAL OR ATTEN	TO FUNERAL DIRECTOR shauld be detached far u with the State Dept. af Hi	IMPORTANT: If Item 21 is

DHMH - 16 50M 4/83 (VRA 15, 4)

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STATE OF MARYLAND	***	A .	-	10	199	
RTMENT OF HEALTH AND MENTAL HYGIEN®	5	0	6	Ö	U	
CERTIFICATE OF DEATH	REG.	NO.				

7	1 -	FOR STATE REGISTRAR MABEL W.			EALTH AND MENTAL HYGI	IENG 5	0 6	3 O	3 0
ı		CEASED NAME FIRST	WIDDLE	1	AST	20. DATE OF DEATH	MONTH DAY	YEAR 2	26 HOUR 59
1	(TYPE	OR PRINT)	BEI W.	B	PADV		3-31	1981	1 PM
1	3. SE	Х	4. RACE	5. DATE C	OF BIRTH	6 AGE (IN YEARS LAST BI	RTHD95 IF U		IF UNDER 24 HRS
1		Pemale	ROURDSIAN	MONTH	1 13 1889	9K	MON	THS DAYS	HOURS MIN.
7	7a. BI		76. CITIZEN OF WHAT COUN	TRY? 8.		9 BALTIMORE CITY O	OR COUNTY OF	DEATH	
2		COUNTRY)	1160	MARRIE	D L NEVER MARRIED L	Bair	1 00		
ł	10 6	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU	WIDOWE		12a UŠUAL OCCUPAT	10N	126 KIND OF	BUSINESS OR
1		Towson	(IF NOT IN SUCH FACILITY, GIVE S		SK OTTER INSTITUTION	(TYPE OF WORK FOR MOST O	OF WORKING LIFE)	ursing	
1	USU/	AL RESIDENCE (IF NURSING HOME OR OTATE 1136 COUN			A LOLD IN CITY AND TOO	LA CYDEET ADDRESS	/ 710 CODE 2	1204	
1	130 3	4	timore Towso		13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS	/ ZIF CODE		lood 1
t	4. FA	ATHER'S NAME	THOLE LONG	71 1	15. MOTHER'S MAIDEN NAM	2300 Dul	aijey va	TIBA K	toau
A			AIDDLE LAST	umai.	FIRST	MIDDLE	2.	LAST	-
7	14- 1	VAS DECEASED EVER IN U.S. ARA	AED EODCESS TAN SOCIAL	SECURITY NO.	17 INISOPAANIT	ADDR		Eller	171
I			WAR OR DATES) 8/2	3/0048	17. INFORMANT Sister 80 701 Chu	M. Kostka irchville R		Air, M	d. 21014
ì		18 CAUSE OF DEATH (Enter onl	y one couse per line for (o), (b	o), and (c).)					ATE INTERVAL
ı		PART I. DEATH WAS CAUSED	BY:						
ł		IMMEDIATI	E CAUSE (o)		The second second				
١		A Colored To Color	DUE TO, OR AS A CONS	A . 1			1 1		
Į		Conditions, if any, which gave rise to immediate	(b) [7])(°	(01)					
1		couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSI	EQUENCE OF					
ı		onderlying coose lost.	(c) (OP)	<u> </u>					
	NO	PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERMI	INAL DISEASE OR CON	DITION GIVEN	IN PART 110	1200
4	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WE	HICH OPERATIO	N WAS PERFORMED	20m AUTOPSY?	20b. IF YES, W		
1	F					YES NO	IN CERTIFYIN	_	PF DEATH?
d	ERT	71a. ACCIDENT WAS UNDERLYING	71b. TIME OF INJURY		21c HOW INJURY OCCURR				140
1		OR CONTRIBUTING CAUSE OF DEAT	TH HOUR A.M. MONTH	DAY YEAR					
Į	S	(IF EITHER, NOTIFY MEDICAL EXAMINER)		19	211. LOCATION				
I	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OF	FICE, FARM, ETC)	STREET	CITY OR TO	NWC	COUNTY	STATE
ı		AT WORK AT WORK							
ł		220.1 certify that (1) (this hospit			11y 19 83	to March		85_, the	ot (1) (we) last
ı		saw the deceased alive an above, (*) (we) (did) (did not	March 29	19_85_, 01	nd that in (my) (aur) opinion d	death accurred on the d	ote and hour on	d from the co	ouses stated
ı		22h SIGNATURE	view the body offer deom.	-	DEGREE			22c. DATE SI	IGNED
1		XCHO!	080 a 0 1 1/	M	ATTENDING	MEDICAL STA		3/31/	/05
4		224. PHYSICIAN'S NAME (TYPE OF	PRINT	1	PHYSICIAN	DIRECTOR PHYSI	LIAN	3/31/	703
ı					Stella Mari	s Hospice Valley Ro		14	
4		K. Faulkner	M.D.				ad, Towsc	in, Md.	21204
		BURIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN	re	DUNTY	STATE
		Burial	4/3/85		mily Church	Randall	stown		Md.
	24 F	PTOX PECTOR Russel	ll C. Witzke F	uneral	Homes P. A 250 DALE	REC'D. BY REGISTRA	256 REGISTRAR	SSIGNATH	etrolalia.
		630 Edmondson Av				COST LA	of war one	Landar - a	
- 1	1.0	momorrador (1)				- 4	14		



Control of the same of the sam N. Design of the Co. Co.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or ottending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the structor, page 3 should be detached for use as the buriof-transit permit. Then please remove corbon papers. Pages Lond 2 should be filled and 7.2 this offer death with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.
IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical examiner

(VRA 15, 4)

FOR XC 13530452 - STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MEN CERTIFICATE OF DEA
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STATE OF MARYLAND	100	0	1	63	0	
PARTMENT OF HEALTH AND MENTAL HYGIENE	5	U	0	0	U	
CERTIFICATE OF DEATH	850 110					

TOOK		CEASED NAME FIRST	WIDDLE		AST	20 DATE OF DEATH	MONTH DAY	YEAR	2b HOUR	
oge 3 deoth	(TYP	HOWARD	0.	BRA	NDENBURG	MARCH 24,	1985		4:30 A M	
mo)	3. SEX 4		4 RACE	5. DATE C		6. AGE (IN YEARS LAST BIR		UNDER 1 YEAR	IF UNDER 24 HRS	
ge 4	1	MALE	WHITE	JULY	30, 1923	61	YRS		HOURS MIN.	
deoth. Poge	7a. B	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNT	RY? 8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY C				
de de de	1	MARYLAND	U.S.A.	WIDOWE	DIVORCED	BALTIMORE			MD.	
rs offer	E	ORT HOWARD	11. NAME OF HOSPITAL, NUI (IF NOT IN SUCH FACILITY, GIVE ST V.A. MEDICAL	RSING HOME C REET ADDRESS) CENTER	DR OTHER INSTITUTION	120. USUAL OCCUPATI (TYPE OF WORK FOR MOST O PURCHASES	F WORKING LIFE)	126 KIND OF BUSINESS OR INDUSTRY STATE		
inned in could be	13a	AL RESIDENCE OF NURSING HOME OR STATE 136 COUN BALTI	TY 13c. CITY OR T	OWN	13d. Inside City Limits? Yes \(\text{NO \(\text{X} \)	3506 BAYV		AD/212	20	
2 sh	14. F.	ATHER'S NAME	Branden	burg	15 MOTHER'S MAIDEN NA			1.451		
pa pldmc	1_	OTHA Charl		ES	ANNA	Edith		PERROTT		
Poges		WAS DECEASED EVER IN U.S. AR/ YES NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 166 SOCIAL S	ECURITY NO.	17 INFORMANT	ADDRE				
9 00		YES W.W.	II 219 12	0884	CLINICAL REC	ORDS, VAMC,	FORT 1			
hysical soper ovol.		18 CAUSE OF DEATH Enter onl PART I. DEATH WAS CAUSED	3 RY.					BETWEEN	MATE INTERVAL DNSET AND DEATH	
ng p bong		IMMEDIAT	E CAUSE (o) METAS	TATIC C	ANCER OF THE	COLON				
tendi e cor on, or		Conditions II (1)	DUE TO, OR AS A CONSE		COULAD ACCEDE	NO				
he de or emov	1	Conditions, if any, which gove rise to immediate couse to), stating the	}		SCULAR ACCIDE	NT				
by the	1	couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSE	OUENCE OF						
ned riple our o	1	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART LIC		
The The Injury	0									
on. hos been to permit. rene prio	ERTIFICAT	190. DATE OF OPERATION	196 CONDITION FOR WH	ICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, V IN CERTIFYIN YES	NG CAUSES		
CIAN: T physics rthficote ol-trons ntol Hyg	U	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		DAY YEAR	21c HOW INJURY OCCURR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	I OR PART 2)		
G PHYSI of the burner ond Med or It	MEDICAL	216 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFF		211 LOCATION STREET	CITY OR TO	wn	COUNTY	STATE	
OR ATTENDIN e hospitol or of DRECTOR: Aftended for use of Dept of Health		220.1 certify that (X(this hospit sow the deceased alive an above, (X(we) (did) (XXXX			1 19 19 85 and that in XX (our) opinion of	to MARCH 3)4 , 19 ote and hour o	85 . I	that (X (we) lost	
hosp hosp IREC hed f hed f ept. o	1 4	22b. SIGNATURE	view the body offer death.		DEGREE	-		22c DATE	SIGNED	
	1	Kaushaling	scitr. Am	ily	ATTENDING PHYSICIAN	MEDICAL STATE	FF IAN 📉	3-2	4-85	
HOSPITAL inded by the FUNERAL build be detroph the Stote OORTANT:		224. PHYSICIAN'S NAME (TYPE OF	R PRINT)	1	22e ADDRESS					
etoined TO FUNI should b with the	_	KAUSHALENDRA			VAMC, FORT		21052			
BP.	230	BURIAL, CREMATION, REMOVAL	23b. DATE 3-27-85		EMETERY OR CREMATORY Haven Cemeter	23d LOCATION CITY OR TOWN	own. W	sh. C	o., Md.	
DHMH - 16 60M 7/B4	24 F	UNERAL DIRECTOR			25e DAT	E REC'D. BY REGISTRAR	25b_REGISTRA	R'S SIGNATI	URF	
(VRA 15, 4)		John H. Bast, J.	r. Boonsboro	, Maryl	and 21713	D 0 7 4005	R. Da	udson-1	Pandell.	

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John J. Dard, Jr. Boonsbore, Pryland Civil and

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DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely should be detoched for use as the buriol-transit permit. Then please remove carbon papers. Pages reand 2 stwith the State Dept. of Health and Mental Hygiene prior to buriol, cremation, ar remaval. IMPORTANT: If them 21 is marken a remained to remain the medical expansion.

any injury, or other traumotic event, the

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND) ab	13	1	(3)
DEPARTMENT OF HEALTH AND MENTAL HYGIEN	2	U	0	0
CERTIFICATE OF DEATH	REG	NO.		

	FOR STATE REGISTRAR	N M		EALTH AND MENTAL HYGI	END 5	U 6 8 8	3 6		
1	. DECEASED NAMEFIRST	WIDDLE	i i	AST		MONTH DAY YEAR	26. HOUR_		
L	(TYPE OR PRINT)	Togonh	Russ	0 - 0 - 0		3-20-85	E45		
1	3. SEX	Joseph	S. DATE C	nnan	6 AGE (IN YEARS LAST BIR		IF UNDER 24 HRS		
1,			MONTH			MONTHS DAYS	HOURS MIN.		
L	male	white	- 7	25 1916	68	YRS.			
7	OUNTRY	76 CITIZEN OF WHAT CO	DUNTRY? 8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH			
1	Louisiana	USA	WIDOWE		Bal	to coun	tes MD		
t	0 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL	L, NURSING HOME C		120 USUAL OCCUPATI		F BUSINESS OR		
1	Toruson md	Steller	mario	Hospice	Attorney		Legal		
1	USUAL RESIDENCE (IF NURSING HOME OR 130. STATE 136 COUN	ITY I31_CITY		13d. INSIDE CITY LIMITS? YES NO W	130 Hou	ZIP CODE Elow Brood	r Pd.		
Т		MIODLE	LAST	FIRST	ANDDLE	LAS	21093		
1	Patrick		rennan	Elizabeth	1	McConn	eghey		
1	60 WAS DECEASED EVER IN U.S. AR.	MED FORCES? 166 SOC	CIAL SECURITY NO.	17 INFORMANT	ADDRE	SS			
1		the same of the sa	-14-2408	Doris M. B:	rennan. 13	0 Hollow Br	ook Rd		
ľ	18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE		a), (b), and (c).)		21093		MATE INTERVAL ONSET AND DEATH		
L	IMMEDIAT	E CAUSE (0)	macc	meer					
L		DUE TO, OR AS A CO	ONSEQUENCE OF						
Ł	Conditions, if ony, which gove rise to immediate								
Г	couse (o), stoting the	DUE TO, OR AS A CO	ONSEQUENCE OF						
1	underlying couse lost.	(c)							
П	PART 2 OTHER SIGNIFICANT O	167	TING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE OR CON	DITION GIVEN IN PART 110			
L									
đ.	NOTE OF OPERATION THE ACCIDENT WAS IMPRILITING.	TIM CONDITION FO	R WHICH OPERATIO	IN WAS PERFORMED	29e AUTOPSY?	194 IF YES, WERE FINDIN	ans usen		
ı	5	THE SECRETARY OF THE SE		T. M. P. S. J. S. P. S. P. S. P. S. P. S.	Peday/Publicability a	IN CERTIFYING CAUSES	OF DEATH?		
4	E .			Th. 100	YES NO NO	YES []	NO 🗌		
	man and the property of the last of the la	A STREET THE COLUMN TWO IS NOT THE PARTY.	NTH DAY YEAR	21s. HOW INJURY OCCURRE	D. THER NATURE OF HUM	U. 6+ U.S.M. IB. E-93. J. Oil & MET. 23			
ı	CRECHER NOTES SEDERI EXAMPLE	THE PERSON NAMED TO ASSESS	19						
П	CREMER HOURY OCCURRED	21st PLACE OF INJUR		211 LOCATION	Eilly D4 10	wei countr	MATE		
ı	X WHILE INC. NOT WHILE I	LAT HOME, EINEET, FACTOR	JE, OFFICE, FARM, ETC.)	STREET.	CITY CAT IN	330000	.41.815		
ı	22s.1 certify that (1) (this haspi	tal) attended the deceas	ed from 3 -	14 10 85	_ to_ 3 - 2	0 10 85	that (It (wit) last		
L	saw the deceased alive on	3-19	_19_85 ar	nd that in (my) (our) apinion di	eath accurred on the do	ste and hour and from the	couses stated		
Ł	obove, (I) (we) (did) (did no 27h SIGNATURE)	I) view the body offer dec	17%.	DEGREE		The DATE			
	Actau	Dever	no	ATTENDING	MEDICAL STAT	1 1/2	10/85		
1	22d. PHYSICIAN'S NAME (TYPE O			22e ADDRESSStella	Maris-2300	Dulaney Val	lev Rd.		
ŀ	Kendall R.	Faulkner, M.	D.	Towson.	0-001	bullatio) .ul			
2	230. BURIAL, CREMATION, REMOVAL	23b DATE	23c. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION				
	Burial	3/23/85		y Valley Cem.	Timoniu	m Balto.	Md.		
2	A FLINERAL DIRECTOR MA	26)1				25b. REGISTRAR'S SIGNATI			
ľ	NAME / Marky	Mauss		A A A	DOG				
L	Martin D. Laws	on, IU W.	Padonia F	ka.	K22 1985	The sent sent sent sent	Anda 80		

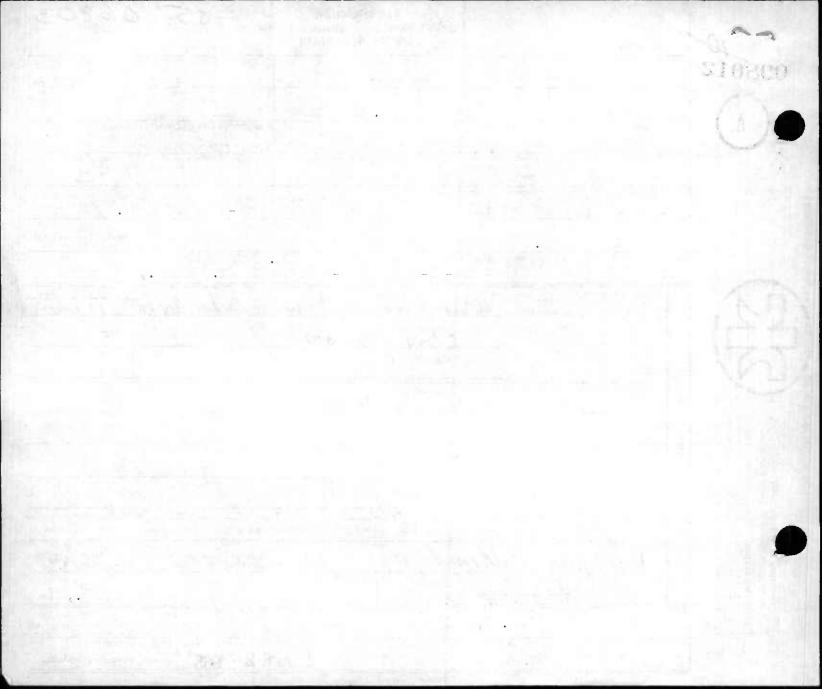
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 85 06803

CERTIFICATE OF DEATH

- 10	1-	FOR STATE REGISTRAR	DEPARTA		EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.			
000042		CEASED NAME FIRST	WIDDLE	ı	AST		DAY YEAR	26 HOUR	
098012	TYPE	ORPRINT) DAVI	n	BRESS	I ED	MARCH 26, 1985		9:40 Am	
Å	3. SE>		4 RACE	5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS	
1/11/		MALE	CAUCASIAN	DEC	. 25 1903	81 _{YRS.}	MONTHS, DAYS	HOURS MIN.	
	7a BII	OUNTRY) MARY LAND	76 CITIZEN OF WHAT COUNTRY?	MARRIEI WIDOWE	XX NEVER MARRIED	9 BALTIMORE CITY OR COUNTY		AAD.	
** 11/1/	IO CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	G HOME C		BALTIMORE COUNT 120 USUAL OCCUPATION	12b KIND O	F BUSINESS OR	
10 4 DO		PIKESVILLE /	(IF NOT IN SUCH FACILITY, GIVE STREET MILFORD MANOR NI	JRSIN	G HOME	(TYPE OF WORK FOR MOST OF WORKING LIF	RETA	IL	
filled in could be	13a. S	AL RESIDENCE (IF NURSING HOME OF TATE 136 COUP ARYLAND	R OTHER INSTITUTION GIVE RESIDENCE BEFORE NTY 136. CITY OR TOW BALTIMOR	N	13d INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CODE 2828-C DAMASCUS	CT. #	21 209	
1 10 71	14. FA	THER'S NAME	MIDDLE LAST		15. MOTHER'S MAIDEN NA	ME	LAST		
4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		LOUIS	M. BRESSLI	ER	SARAH	MIDDLE	NEVLA	NSKY	
n ond careers.	16a V	VAS DECEASED EVER IN U.S. AR ES. NO OR UNKNOWN) (IF YES, GI	RMED FORCES? 166 SOCIAL SECU VE WAR OR DATES) 216-07-		17 INFORMANT MRS 2828-C DAMAS	. SARA BRESSLER CUS CT. BALTO.	, MD 2	1209	
physicio n papers movo vent, th		PART I. DEATH WAS CAUSE	nly one couse per line for to 1, (b), on ED BY: TE CAUSE (o) With S	clerk	tre Heart desear	i Carlue arre	BETWEEN C	MATE INTERVAL DNSET AND DEATH	
equires that the death certificate is signed by the attending physici. Then please remove carbonappe to burial, cremotion, or remove injury, or other traumatic event, the		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c)	ir s	elevois		10	×n'	
equires n signed Then pli r to buri injury, o	NOI	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110							
on. hos been permit. I ene prior	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	IN CERTIF	S, WERE FINDING CAUSES	IGS USED OF DEATH?	
PYSICIAN: The ding physicials certificate buriol-transit Mental Hygisty reference by the property of the prope		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH DA	YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITEM 18 F	PART I OR PART 2)		
NDING PHYSI I or ottending R: After this ce use as the buri tealth and Mer	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE F		211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE	
TTE of of the		22a.1 certify that (1) (this hosp	ital) attended the deceased from	41	3 , 19 S 3 and that in (my) (our) opinion (deoth occurred on the date and hou	r ond from the	that (I) (we) lost	
IAL OR ATT AL DIRECTO detoched for ote Dept. of VIT: If Item 2		226. SIGNATURE	2 Fillmy	0)	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF	3/2	1/85	
HOSPII bined b FUNE bould be th the St		22d. PHYSICIAN'S NAME (TYPE O	E FELDMAN MD		22e ADDRESS	S COUNTRY RIVD	BALT	O.,MD	
D of 0 of 2 of 3	23a B	URIAL, CREMATION, REMOVAL	23b. DATE 23c. N		EMETERY OR CREMATORY MEMORIAL PARK	23d. LOCATION	COUNTY	STATE	
DHMH - 16 60M 7/84 (VRA 15, 4)		INERAL DIRECTOR L LEVINSON & BI	BALTIMORE, ROS. 6010 REISTER	MARYI	AND 25a DAT	E REC'D. BY REGISTRAR 256 REGIST		URE	



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FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE & CERTIFICATE OF DEATH

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REGISTRAR				6611111	TICATE OF PEATIF	REG	. NO.		
DECEASED NAME	FIRST	M	NIDDLE		LAST	20 DATE OF DEATH		DAY YEAR	2h HOUR
(Cecil	L	ee ·	В	ridgeman	1000	3/26	/ 85	12:25 p _M
SEX	4.	RACE		5. DATE	OF BIRTH TH DAY YEAR	6. AGE (IN YEARS LAS	T BIRTHDAY)	IF UNDER 1 YEAR	
Male		Whi	te		y 29, 1912	72	YRS.	DATE DATE	MIN.
a. BIRTHPLACE (STATE C	R FOREIGN 76	CITIZEN OF V	VHAT COUNTRY?	8. MARRIE	DXX NEVER MARRIED	9 BALTIMORE CIT	_		
Virginia		USA		WIDOW		Balt	imore (County	MD
CITY OR TOWN OF D	EATH 11		OSPITAL, NURSING FACILITY, GIVESTREET A Charles		BMC	120 USUAL OCCUP	ST OF WORKING LI	FE) INDUSTRY	
SUAL RESIDENCE (# NU									n Worker
Maryland	Balti	more	Towson		YES NO X	37 Lambou			21204
FATHER'S NAME	MIC	DOLE	LAST		15 MOTHER'S MAIDEN NA	ME	Ε		AST
Granville WAS DECEASED EVE	DINITIC ADAM		Bridgeman		Nora 17 INFORMANT	AD	DRESS	JC	nes
(YES, NO OR UNKNOWN)	(IF YES, GIVE V		186-03-5		Gloria C. Br		37 Lamb	oourne	2120 Road
18 CAUSE OF DEA	TH (Enter anly WAS CAUSED)	ane cause per	line for (a), (b), and	(c'				BETWEEN	XIMATE INTERVAL NONSET AND DEATH
2	GNIFICANT CO				T NOT RELATED TO THE TERM	200 AUTOPSY?	20b. IF YES	S, WERE FIND	
21g. ACCIDENT WAS U	NDERLYING	21b. TIME OF			21c HOW INJURY OCCUR				
		HOUR A.A		Y YEAR					
21d. INJURY OCCU	RRED	21e PLACE C		-	211. LOCATION STREET	CITY O	RTOWN	COUNTY	STATE
	ORK L) ottended the	deceased from	3/	23 19	85 , 3	3/25	10 85	that (I) (we) lost
220.1 certify that- saw the dece	12cd dilac dil		1 7	35 .	ind that in (my) (aur) apinion	death accurred on th	e date and has	ur and fram th	
22b. SIGNATURE	(did) (did nat)	view the body o	atter death.		DEGREE			22c. DAT	E SIGNED
12	21712	1/200	h. 0		ATTENDING PHYSICIAN	MEDICAL S	TAFF	3-	26-85
226. PHYSICIAN'S	NAME (TYPE OR P		rmo		22e ADDRESS GBMC	J DIRECTOR (L) THE	SICIAI A		
3a BURIAL, CREMATION	N REMOVAL	23b. DATE	23r N	AME OF	CEMETERY OR CREMATORY	73d LOCATION			
(SPECIFY)	,	3-27-				CITY OR TOW		COUNTY	STATE
Cremation 4 FUNERAL DIRECTOR		3-21-	os i we		ew Crematory York Rd. 25s. DAT	Baltimo TE REC'D. BY REGISTE		TRAR'S SIGNA	MD ATURE
NAME Parals Moves		and He-	ADDRESS		TOLK Rd.	WR 2.8 100	· rivia	andren-	(Asydett
Ruck Tows	n runer	al HOM	e, inc.	TOMS	on, MD 21204		KI		

DHMH - 16 60M 7/84 (VRA 15, 4) on and them or another in aircubischings

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE ... MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1	REGISTRAR		MEI	DICAL E	VAMILAE	EK 5 CE	KIIFICAL	E OF DEA	VIII	REG. NO.			
	ECEASED NAME	FIRST		WIDDLE		LA	ST		2a DATE K	NOWN XX	MONTH I	DAY YEAR	26 HOU
		Joyce	A.			Broce	colino			MATED [3-9	19 85	
3. SE $F\epsilon$		A.RACE White	June 29,		6. AGE (IN YEAR LAST BIRTHDAY YRS	MONTHS	DAYS HOUR	DER 24 HRS.	20. DATE PRONOUNO DEAD	CED	MONTH (DAY YEAR 19 85	4 · 4 · 4 · 4 · 4 · 4 · 4 · 4 · 4 · 4 ·
70. I	OREIGN COUNTRY)	ATE OR	76. CITIZEN OF WE	AT COUNT	TRY?		NEVER M	ARRIED ORCED		timore	-	OF DEATH	
	reeland		11. NAME OF HOS (IF NOT IN SUCH FACE Middletor	CILITY, GIVE STR	SING HOME,	OR OTHER	INSTITUTION	12a USU FOR	UAL OCCUPA	ATION (TYPE	OF WORK 12b	i Cy WOO	
130 Ma	STATE	IF IN NURSING HOME O 136 COUNT Balti	ROTHER INSTITUTION, GIV Y MOLE		DEFORE ADMISSION	1:	d. INSIDE CITY LIMIT	315	24 ^{ADM} E	dleto	wn Rd	. 2105	3
Jā	MES NAME	***	MIDDLE Banka	ard "	AST		s mother's m Ethel	AIDEN NAME	MID		ster	21237	
160.	WAS DECEASED YES, NO, OR UNKNOW NO	EVER IN U.S. ARA			48-728		INFORMANT	s Thom	as Bar	ADDRESS ukard	1523 I	~,	Rd.
7	PARTIDE, 8/5 Candition gove ris	s, if ony, which to immediate stating the under-	E CAUSE (o) DUE TO, OR	Multip AS A CONS	ond (c).) OLE IN SEQUENCE OF	F	5					APPROXIMAT BETWEEN ONSE	
NO	PART 2 OTHER SIG	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10											
CERTIFICATION	19a, DATE OF				VHICH OPERA		PERFORMED?					20 AUTOPSY YES 🎇	? NO 🗆
EDICAL CER		XXOR IG ☐ CAUSE OF E	EATH 4:05x	MONTH 3-9	17	dri	ver in						
MEDI	21d. INJURY O WHILE AT WORK	CCURRED NOT WHILE X AT WORK	K	DF INJURÝ ORY, FARM, ETO Oad		21f LOCA STR Mid		Rd. ne	city or tow		one Rd		state
	22a I certif death resulte		e of the remains desi	Accident		Autapsy	Hamicide L		Inquiry (Balto.	Co.,	Md.
	ACTUAL SIGNATURE_		12				Assist	ant MED			DATE SIGNED_	3-9-	
23.	EXAMINER'S I	ION, REMOVAL 2	gory R. Ka		an, M.D		DKE33	Penn	St., I	Balto.	, Md.	2120	1
	(SPECIFY) Burial	Ma	ar.12, 19				th	Ba	eltimo:	re	COUNTY	MA	TATE
1	FUNERAL DIRECT NAME Leonard		Inc. Balt	imore	. Marul	land	2501.0	ARETO A	1985	75he REGIS	TRANS SIGN	THE AREA	

078014					F MARYLAND	450	0 1	0 0 1
0/60//	T- STATE			EPARTMENT OF HEA			0	8 0 0
	REGISTRAR 1. DECEASED NAM	FIRST	MEL	MIDDLE MIDDLE	S CERTIFICATE C	,	REG. NO.	
-	(TYPE OR PRINT)	IE	3	MIDDLE	LASI	2a DATE KNO OF EST	TI-	DAY YEAR 26. HOUR
PLEASE FOTON HOURS STREET,	2.054	Curtis		Lee	Brodie	DEATH MAT	-	13° 85 м
	3 SEX	4 RACE 5. D	ONTH DAY	6. AGE (IN YEARS LAST BIRTHDAY)	FUNDER 1 YR. IF UNDER	24 HRS. 2c. DATE MIN PRONOUNCED	HINÓM	DAY YEAR 2d HOUR
L DRIE	male	BLACK 8	3 5	65 19 YRS.		DEAD	2	13 19 85 5:40A
REESSA NUTHIN PRETA POR N	7a BIRTHPLACE (S FOREIGN COUNTRY)	STATE OR 76	CITIZEN OF WH	AT COUNTRY?	ARRIED NEVER MARR	IED 9. BALTIMORE	CITY OR COUNT	TY OF DEATH
A-10" M3 - A-10"	n.c		U.S.	A. WI	OWED DIVORC	ED Baltin	more Cou	inty MD.
BAY IS N TO THE FU PAGE 5	10. CITY OR TOWN		(IF NOT IN SUCH FAC	PITAL, NURSING HOME, OR ILITY, GIVE STREET ADDRESS)	OTHER INSTITUTION	FOR MOST OF WORKING L		126 KIND OF BUSINESS OR INDUSTRY
30000	WHITE N	MARSH MD. F		ear White Man	sh Exit	STUDENT		acces.
	USUAL RESIDENCE 13a. STATE	13b COUNTY		13(. CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS		9994
	N.C.		OSBORO_	GOLDSBOR		10701B N	ORTH GI	EORGE ST.
W HISSELL	II. FATHER'S NAM		DDLE	LAST	15 MOTHER'S MAIDI	EN NAME MIDDLE		LAST
A SSE A	JOHNI	DEVER IN U.S. ARMED		BRODIE	GEO			WYNN
PAR PAR III	(YES, NO, OR UNKNO	OWN) (IF YES, GIVE WAR	FORCES? OR DATES)	166 SOCIAL SECURITY NO	17 INFORMANT	AC	169L	SBORO N.C.
BALTIMORE S AFTER DEA GIVE PAGES GIVE PAGES FOR PRICE FOR PAGES IN SOON DEA	NO			N/A	JOHNNI	EBRODIE	10/01	LB N.GEORGE
: ≅ ~.≥0	18 CAUSE C	OF DEATH (Enter only on EATH WAS CAUSED BY:	e couse per line f	ar (a), (b), and (c).)			77	APPROXIMATE MILEVAL BETWEEN ONSET AND DEATH
W. PRESTON ST., WITHIN 24 HOUF ENCIL IN ITEM 18, MINER ALONG W IRANSIT PERMIT. IRANSIT PERMIT. OR REMOVAL.		IMMEDIATE CA		Multiple in	uries			
AACOV	101.	20	DUE TO, OR A	AS A CONSEQUENCE OF				
, 201 W. PRES UTED WITHIN I'IN PENCIL IN EXA TRIANSI ID MENTAL HI ION, OR REM	gave r	ins, if any, which ise to immediate	(b)					
A PEN W	couse (a lying car	s) stating the <u>under-</u> use last.	DUE TO, OR A	AS A CONSEQUENCE OF				1 11
CUTED IN P			(c)					
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. IIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUNRITING THE WORD, "PENDING" IN PENCIL IN TEM 18 RADED TO THE CHIEF MEDICAL EXAMINER ALONG" (GE 38 HOULD BE USED AS A BURIAL TRANSIT PERMIT THE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, 201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.		IGNIFICANT CONDITIONS CONTR	RIBUTING TO DEATH BE	UT NOT RELATED TO THE TERMINAL D	SEASE OR CONDITION GIVEN IN PA	RT I (a).		
AS CREET CAN A SECOND AS CAN A SECOND A SECOND AS CAN A SECOND	TIG. EXTERN. 21 d. EXTERN. WHILE WHILE WHILE WHILE	FOPERATION	TIBL CONDITI	ON FOR WHICH OPERATIO	NI WAS DEDECTORATED?			In many
VITAL R SHOUL ORD "F CHIEF E USED URIAL,	2	OI ERATION	176 CONDITI	ON FOR WHICH OPERATIO	WAS PERFORMED!			2D AUTOPSY?
NI SECOND	ZIA EXTERN	AL CAUSE WAS	21b. TIME OF	IN ILIPY 1	HOW INJURY OCCURRE	D. JENTER MATURE OF HALLING		YES Y NO
DIVISION OF VI DIVISION OF VI ATE, WRITING THE WOI ORWARDED TO THE CI ORWARDED TO THE CI ORWARDED ASTAINED TO THE STATE DEPARTMENT OF THE STATE DEPARTMENT OF	UNDERLYING	G OR ING CAUSE OF DEAT	HOUR-A.M.	MONTH DAY YEAR	-			
CERTIFIC CERTIFIC TITING TH DED TO DEPARTION I PRIOR	CONTRIBUTI		1 5: 20 MX		Driver in au	<u>ito/parked a</u>	uto impa	ct
OIVI CERTIFICATION OF THE STATE		NOT WHILE JO	STREET, FACTO	DRY, FARM, ETC.	STREET .	CITY OR TOWN	COL	UNTY
DI THIS (E, WRI RWARD RWARD RWARD RWARD RWARD STATE 21201	AT WORK	AT WORK	str			te Marsh ex	it, Balt	o. Co. Md.
A S S S S S S S S S S S S S S S S S S S	22a I cert	ify that I taak charge af	the remains descr	ribed abave, held on A	utapsy XX. Inspectia	n	and in my ap	nnian
WIE GERMAN	deoth result	ted from: Notural co	ouses	Accident XX, Suicide	, Homicide .	Undetermined manner		
ICAL EXA SHOULD SHOULD ERAL DIRE EATH	ACTUAL	Maria	A A	U1 10	TITLE (SPECIFY)		0.175	
SESTE TO	SIGNATURE	- Maryon	W MA	June -	_m.d. <u>Assistar</u>	MEDICAL EXAMINER	DATE SIGNE	
MEDICUTE SE 4 SE TIME	EXAMINER'S	NAME MASSA	rita A.	Korell. M.D.	11.0	one Ct	(re	-issued)
TO MEDICAL EXAMINER: EXECUTE THE CERTIFICATI PAGE 4 SHOULD BE FOR TO FUNEATU DIRECTOR: AFTER DEATH. THE WATTER DEATH.	(TYPE OR PRI				ACCUMESS.	enn St.	Balto.	, MD .
	(SPECIFY)	ATION, REMOVAL 236 D		23c. NAME OF CEMETE		23d. LOCATION CITY OR TOWN	COUP	NTY STATE
97/84 BP	BURIA		EB.18,	83 FAMILY	CEMETERY	GOLSBO	DRO.	IGNATURED .
DHMH - 17 (VR A15 ME (5))	NAME		ADDRESS	47 1 4 mm		ALD A O	REGISTRAR'S &	MOSON
(VK A13 ME (3))	W.H.	BACON	34	4/ 14TH ST.	NW WASH.DC	WYK J R 1900	1	4



CCCO CCC

00867	1 -	FOR STATE REGISTRAR		DEPART	MENT OF HEALT	MARYLAND H AND MENTAL H TE OF DEATH	YGIENE 8 5	0 6	8 0 /
1		CEASED NAME F	IRST	MIDDLE	LAST		20 DATE OF DEATH	MONTH DAY	YEAR 26 HOUR
D S	(I T PE		VELYN		BRO	DIE	WED MAI	RCH_131	1985 7:40A
Day	3. SEX		4 RACE		5. DATE OF BIR			6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YE	
0		FEMALE	WHITE		SEPT.	SEPT. 9, 1903		YRS	DAYS HOURS MIN.
\$ 9 W		CTHPLACE STATE OF FORE		WHAT COUNTRY?	MARRIED -	NEVER MARRIED !	9 BALTIMORE CITY O	R COUNTY OF DE	EATH
10	L.	ITHUANIA	USA	USA 11. NAME OF HOSPITAL, NURSING		DIVORCED [_	RE COUNTY	ım
11/2017	10 CI	TY OR TOWN OF DEATH				HER INSTITUTION	12a USUAL OCCUPATI	ON 12b	KIND OF BUSINESS OR
73	RAN	DALLSTOWN		URT NURS			HOUSEWIF	EE INC	AT HOME
oliked o	13a S				E ADMISSION)	NSIDE CITY LIMITS	3610A YEN	NAR LA.	21207
and 2 N	4. FA	THER'S NAME FIRST	MIDDLE	SACKS	15. A	REVA	LEAH		LIPSITZ
Poges 1	160 V	(AS DECEASED EVER IN S. NO OR UNKNOWN)	U.S. ARMED FORCES? FYES, GIVE WAR OR DATES)	213-05-		6606 MARO		TO., MD	21207
do by the ottending phy: lease remove carbon pol iol, cremotion, or remove or other troumotic event		Conditions, if any, wigave rise to immediate (a), stating underlying cause	DUE TO, O hich (b) DUE TO, O lost. (c) DUE TO, O	R AS A CONSEQUENT R AS A CONSEQUENT	ENCE OF	l Hemi	inno p	m long	yeur?
certificate has been significated that then period Hygiene prior to buy then 28 shows any injury.	CAL CERTIFICATION	190 DATE OF OPERATIO	N 19b COND VILLE 21b. TIME C SE OF DEATH	ITION FOR WHICH	HOPERATION		200 AUTOPSY? YES NO URRED (ENTER NATURE OF INJUI	20b. IF YES, WER IN CERTIFYING YES	E FINDINGS USED CAUSES OF DEATH?
s the bur ond Me	MEDICAL	216 INJURY OCCURRED WHILE NOT WHILE AT WORK	LAT HOME STI	OF INJURY REET, FACTORY, OFFICE	FARM, ETC.)	LOCATION STREET	CITY OR TO	wn co	DUNTY STATE
TOR: Af for use o of Health		22a I certify that (1) (the saw the deceased of the saw (1) (say) (1) (say)	olive on S	19_	SC, and the	19	on death occurred on the de	19 ate and hour and f	rom the causes stated
AL DIREC detoched ote Dept. IT: If Item		22b. SIGNATURE	Taid not Niew the body	differ Seath.	DEGR	EE ATTENDING PHYSICIAN		FF _	3/13/85
Short ANT		22d PHYSICIAN'S NAME	TYPE CHANGE		22e.	ADDRESS			21133

DHMH - 16 60M 7/84 (VRA 15, 4)

23a. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL 24 FUNERAL DIRECTOR SOL LEVINSON & BROS, INC.

23b. DATE MAR. 14, 1985

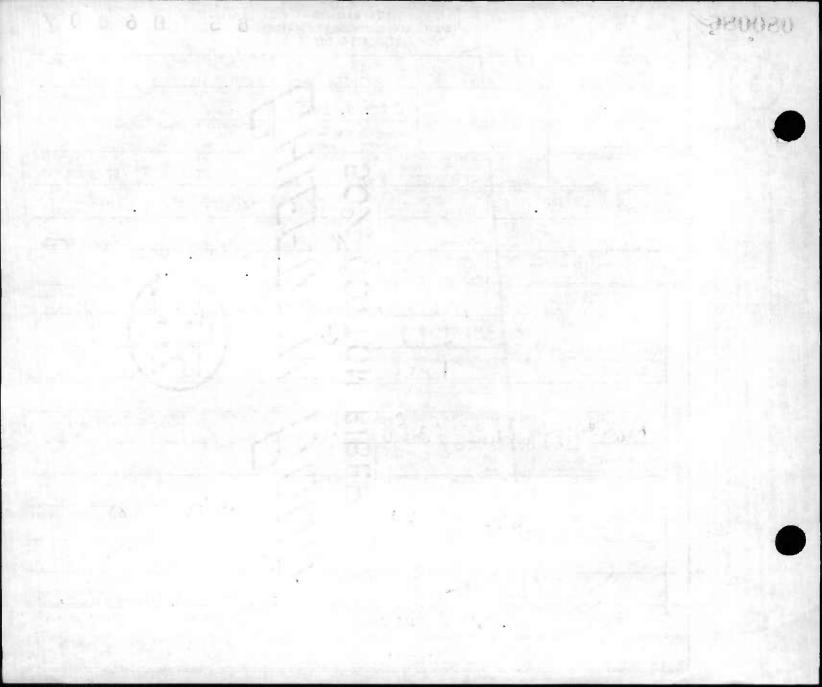
6010 REISTERSTOWN RD. BALTIMORE MD 21215

23¢ NAME OF CEMETERY OR CREMATORY BNAI ISRAEL

BALTEMORE

COUNMARY LANDIATE

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE



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OR ATTENDING PHYSICIAN: The law

retained by the hospital or attending physician.

BP.

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENI

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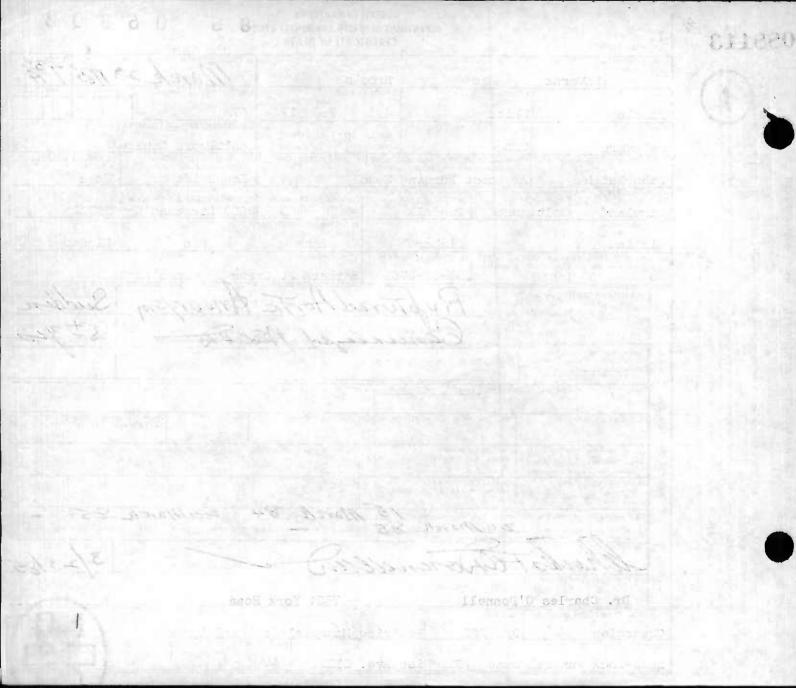
-		REGISTRAR				CERTIF	ICATE OF DEAT	H	REG. NO	5 .			
		CEASED NAME	FIRST	٨	MIDDLE		AST		20 DATE OF DEATH	MONTH DAT	Y YEAR	2b HOW	0
	(TYPE	OR PRINT) LaVe	rna	Mae		Broo	ks	1	Marc	123	3 1985	77	7 M
	3 SEX			4. RACE		5. DATE C			AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER	24 HRS.
-	Fe	male		White		4		EAR L7	67	YRS.	NINS DATS	HOURS	Miles,
1		RTHPLACE (STATE ORE	OREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	D T NEVER MARR	IED T	BALTIMORE CITY O	R COUNTY O	FDEATH		
		laware		USA		WIDOWE			Baltimore	County	-		MD.
1	10. CI	TY OR TOWN OF DEA	ATH		HOSPITAL, NURSIN		OR OTHER INSTITUTI		12a USUAL OCCUPATE		12b. KIND OI INDUSTRY	F BUSINE	SS OR
/		oneleigh		Armacos	t Nursing	Home	2		Housewife		Home		
		AL RESIDENCE (IF NURS	136 COUN		GIVE RESIDENCE BEFORE		113d. INSIDE CITY LI	MITS?	13e.STREET ADDRESS	ZIP CODE		-88	
	Ma	ryland	Balti		Dundalk		YES NO		8009 Stratm		21222	2	
1	14. FA	ATHER'S NAME	7,144	WIDDLE	LAST		15 MOTHER'S MAI	DENNAM	E MIDDLE		LAST	ı	
1	Wi	lliam			Fisher		Anna		Mae		Widdo	wes	
		VAS DECEASED EVER		MED FORCES?	16b. SOCIAL SECU	RITY NO.	17 INFORMANT		ADDRE	55			
	No		17-13		231-30-87	86	Barbara 3	J. Cra	ane San	ne as l			
		18 CAUSE OF DEAT	H (Enter on	ly ane cause per	line for in), (h),	fage 1	10-	-	4.	,	OF DATE OF	MATE ATER	DEATH
		PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Puplured Horiz Aneurysm										ear	n
		DUE TO, OR MACONSEQUENCE OF A MACONSEQUENCE OF											
	Conditions, if any, which (b)									2-	je	7	
	100	gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF											
	7	underlying cause	lost.	((c)						3043			
1		PART 2 OTHER SIGN	VIFICANT	CONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO T	HE TERMIN	NAL DISEASE OR CON	DITION GIVEN	IN PART TIC)	
	CERTIFICATION												
1	CAI	19a. DATE OF OPERA	TION	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	0	20a AUTOPSY?		WERE FINDIN		
	E			11-200	10 m 54				YES NO	YES		NO []
1		210. ACCIDENT WAS UNI			216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR			OCCURRE	RED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)				
	CAL	(IF EITHER, NOTIFY MED)			M.	19	19						
	MEDICAL	21d. INJURY OCCUR		21e. PLACE	OF INJURY REET, FACTORY, OFFICE, F.	211 LOCATION STREET	211 LOCATION STREET		WN	COUNTY STATE		TATE	
	-	AT WORK AT WO	HILF SRK			-	-						4.7500
		220.1 certify that (1)				10			10 2-3 M				
		sow the decease	ed alive an did) (did ne	4 view the body	alter death.	ه. حدد	nd that in (my) (our)	opinion de	eath occurred an the de	ate and hour o			ited
		22b. SIG 100 OR	1	7	1		DEGREE	ID IN IO	MEDIC		22c. DATE	PIGNED	,
		Mello Farally Hysician Director Physician								3/3	23/	85	
		22d PHYSICIAN'S N	AME (TYPE C	OR PRINT)			22e ADDRESS						
		Dr. Cha:	rles	O'Donne]	11		7501 Y	ork R	oad			1	
		BURIAL, CREMATION,	REMOVAL	23b. DATE	23c N	NAME OF C	EMETERY OR CREM		23d. LOCATION		COUNTY	6.1	TATE
	-	remation		3/25/8	5 Wes	tvie	w Memorial	l Par	k Baltimore			cylar	-
		UNERAL DIRECTOR			ADDRESS		1-3	25a DATE	REC'D. BY REGISTRAR		ARIS SIGNAT	URE	2
	D.,	An Dunale En	10000	Homo	7022 Wind	7,770	21222	MAR	2 2 6 1985		. 201 4008	1100	

7922 Wise Ave. 21222

DHMH - 16 50M 4/83 (VRA 15, 4)

Duda-Ruck Funeral Home

IMPORTANT: If Hem 21 is marked by Hem 18 shows pry injury, or other traumotic event, the TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physic should be detoched for use as the burial-transit permit. Then please remove carbon pape with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal.



093129	1-	FOR STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENES 5 0	6809
Dellin, B		EASED NAME FIRST FRANK	MIDDLE DANIEL	BROTHERS' 5. DATE OF BIRTH MONTH DAY YEAR	20 DATE OF DEATH MONTH 3 6. AGE (IN YEARS LAST BIRTHDAY)	DAY YEAR 26 HOUR 29 85 06 CO M IE UNDER 1 YEAR # UNDER 24 HRS. MONTHS DAYS HOURS MIN.
death.		RTHPLACE (STATE OR FOREIGN OUNTRY)		Sept. 30, 1918 MARRIED NEVER MARRIED WIDOWED DIVORCED GO OTHER INSTITUTION	120 USUAL OCCUPATION	COUNTY MD.
in 24 hours offer by filled in by the 1 s1634 be Jied se routbe repting	13a. S	AND ALL STOUD LE RESIDENCE (IF NURSING HOME OR TATE NA. 138. COUNTAINE NAME	OTHER INSTITUTION, GIVE RESIDENCE BEFORE ITY 136 CITY OR TOW	HOSPITAL ADMISSIONS	13e.STREET ADDRESS / ZIP CO	CARpenter
be executed within on and camplessing.	16a. W	Frank (AS DECEASED EVER IN U.S. AR	E WAR OR DATES)	RITY NO. 17. INFORMANT	ADDRESS	LAST
a physici on poper emavol.		PART I. DEATH/WAS CAUSE	ly one couse per line for (o), (b), on D BY: E CAUSE (o) Melas DUE TO, OR AS A CONSEQUE	tatic Ca	of Lung	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
that the d by the case remo		gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	NCE OF	MINAL DISEASE OR CONDITION (GIVEN IN PART 110
he low requor. On. hos been signification to ene prior to ene	CERTIFICATION	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO
PHYSICIA trending pl r this certif the burial to and Mentol	MEDICAL CE	P10, ACCIDENT WAS UNDERSTINED OR CONTRIBUTING CAUSE OF DE/ (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. IN JURY OCCURRED WHILE AT WORK AT WORK	HOUR A.M. MONTH DA	19 211 LOCATION	CITY OR TOWN	COUNTY STATE
ATTENDING spital or of CTOR: Affe for use os: of Health of Health		220.1 certify that X (this hospi	tol) attended the deceased from 19	ond that in (M) (our) opinion	to 3/29 n death occurred on the date and I	, 19 , that (we) lost hour and from the couses stated

DEGREE

22e ADDRESS

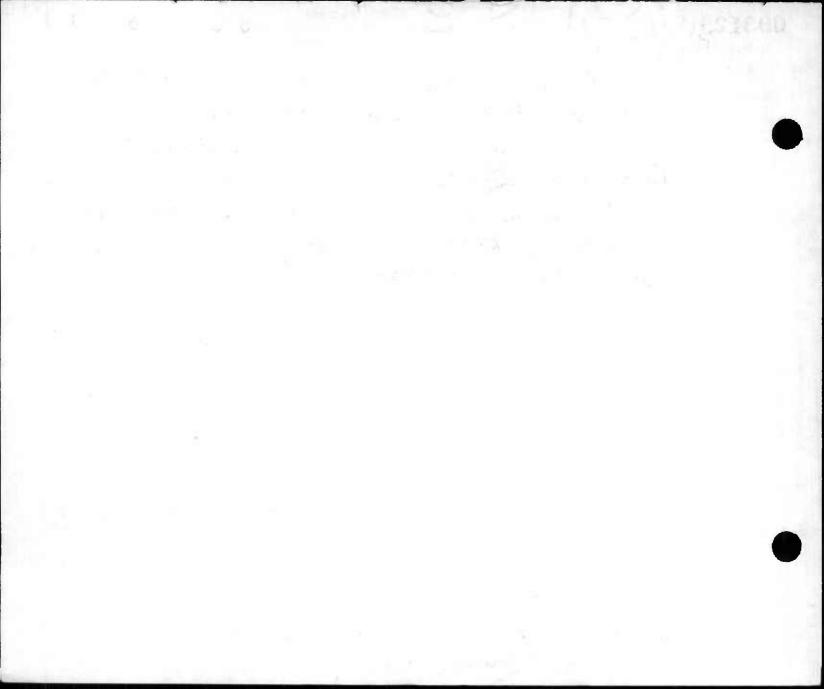
ATTENDING PHYSICIAN

22c. DATE SIGNED 3/29 /

MEDICAL STAFF DIRECTOR ☐ PHYSICIAN 🔣

IMPORTANT: If hem 21 is 734 LOC BURIAL CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY 23b. DATE GISTEAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR 250 DATE REC'D. BY DHMH - 16 50M 4/83 (VRA 15, 4)

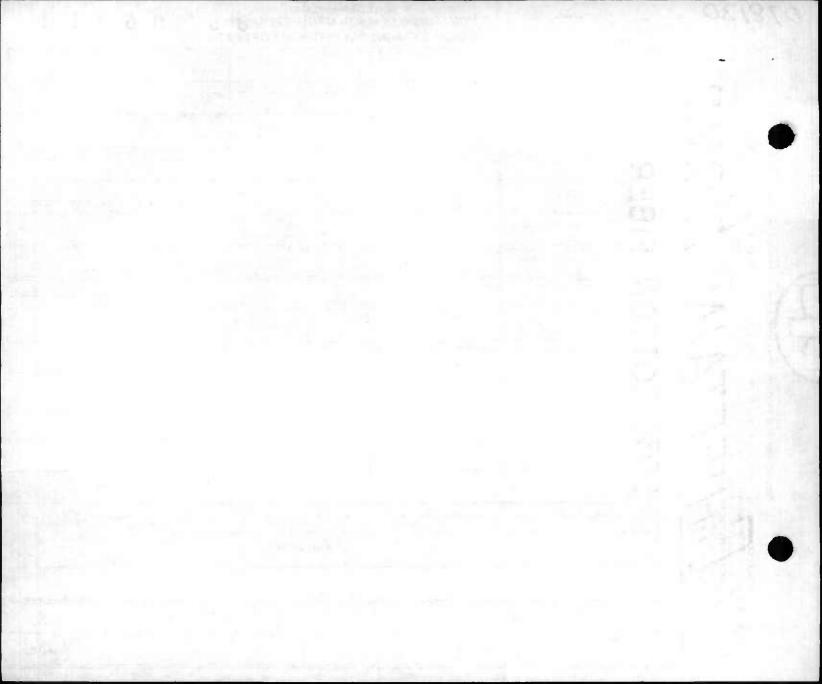
22h SIGNATURE



1/		REGISTRAR CEASED NAME	FIRST		AIDDLE		AST	REG. 20 DATE OF DEATH	MONTH D	DAY YEAR	26. HOUR
The D		OFFEHI)	Berna		yisus B	ROWN		March 5,			1:04a
n after	I SE	LE		CAUCA	SIAN	5 DATE C		6. AGE (IN YEARS LAST)		IF UNDER I YEAR	HOURS ME
26		RTHPLACE (STATE OR	FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	NEVER MARRIED	9. BALTIMORE CITY	OR COUNTY		
175×1		RYTAND TY OR TOWN OF DE	ATH	IISA WIDOWED DIVORCED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION			Baltimore			OF BUSINESS (
1//		SSVILLE		FRANKLIN" SQUARES HOSPITAL			MACHINIS	TOTWORKING LIFE	E) INDUSTRY		
100	USU,	AL RESIDENCE (IF NUR. TATE ARYLAND	13b COUN BAL	OTHER INSTITUTION. TIMORE	GIVE RESIDENCE BEFORE	ALE	13d INSIDE CITY LIMITS? YES NO X	13e STREET ADDRESS	ZIP CODE		2123' GHTS
	14. FA	THER'S NAME FIRST		MIDDLE	LAST		15. MOTHER'S MAIDEN N. FIRST	MIDDLE		LA	
	16a V	ALBERT VAS DECEASED EVER	IN IIS AR	MED FORCES?	BROWN		ROSINA	ADD	RESS	FRA	INZ
	()	res, no ounknown)		WAR OR DATES)	218052	688	MARY A E BI			DALE H	EIGHT
		Conditions, if any	v. which	DUE TO, OI	RAS A CONSEQUE		lar Failure				
njary, or other troums	NO	Conditions, if any gave rise to im couse (o), stati underlying cause PART 2 OTHER SIG	mediate ng The e last.	(b) DUE TO, OI	Left Ven	tricu ENCE OF	lar Failure	MIN AL DISEASE OR CO	NDITION GIVE	EN IN PART 1	la-
des any injury, or other trauma	TIFICATION	gave rise to im couse (a), static underlying cause	mediate ng The e last. NIFICANT C	DUE TO, OI	Left Ven	tricu ENCE OF DEATH BUT		MINAL DISEASE OR CO	20b IF YES	EN IN PART I	INGS USED
em 12 shago any injery, or other trouma	CAL CERTIFICATION	gave rise to im- couse (a), station underlying cause PART 2. OTHER SIG	mediate ng The e last. NIFICANT C	DUE TO, OI (c) ONDITIONS CO 19b, CONDI 21b, TIME O HOUR A.	Left Ven R AS A CONSEQUE TION FOR WHICH FINJURY M. MONTH DA	tricu ENCE OF DEATH BUT OPERATIO	NOT RELATED TO THE TERM	200 AUTOPSY?	206 IF YES IN CERTIFY	, WERE FINDI YING CAUSE S	INGS USED S OF DEATH?
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STATE OF MARYLAND 085023 DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME DATE KNOWN (TYPE OR PRINT) ESTI-Douglas DEATH MATED Scott Brown 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED DEAD Male White 13 1957 27 16/1985 TO BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED FOREIGN COUNTRY) WIDOWED Baltimore County, U.S.A. DIVORCED Maryland LCITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126. KIND OF BUSINESS 10 2-I Glen Shannon Court Essex Tool Repair-Power Tools UAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 30 STATE 13b. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Baltimore Maryland Dundal.k NO 1256 Willow Road 21222 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST MIDDLE LAST LAST Harold Brown Mary Lee Pownell DIVISION 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 17. INFORMANT ADDRESS PAGES 1 (IF YES, GIVE WAR OR DATES) 220-74-0720 Harold L. Brown Same as 13e 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH BURIAL - TRANSIT PERMI AND MENTAL HYGIENE, VATION, OR REMOVAL. PART I DEATH WAS CAUSED BY Multiple Stab Wounds IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate FICATE, WRITING THE WORD FELLS. FICATE, WRITING THE WORD FELLS. FORWARDED TO THE CHIEF MEDICAL EXAMINE. THE FORWARDED TO THE UNED AS A BURIAL-TH THE STATE DEPARTMENT OF HEALTH AND MEN. THE STATE DEPARTMENT OF HEALTH AND MEN. cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES X NO 🗌 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED. (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 3:00 HOUR A.M. MONTH DAY YEAR 3/16/19 85 subject stabbed 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 21f. LOCATION AT WORK AT WORK PAGE 4 SHOULD BE FORWARDEL TO FUNERAL DIRECTOR, PAGE 3 AFTER DEATH, WITH THE STATE DE BALTIMORE, MADVI AND STREET, FACTORY, FARM, ETC.) CITY OR TOWN Glen Shannon Ct. 22a. I certify that I tank charge of the remains described above, held an Authory: Inspection Hamicide X death resulted fram Undetermined manner TITLE (SPECIFY) ACTUAL DATE 3/17/85 Chief MEDICAL EXAMINER Dep. SIGNATURE EXAMINER'S NAME Thomas D. Smith, M.D. lll Penn St TYPE OR PRINT) ADDRESS. 23g BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE Burial 3/21/1985 Ebenezer Hampshire West Va. BP. Romney 07/84 24 FUNERAL DIRECTOR Duda-Ruck. 250. DATE REC'D. BY REGISTRAR, 256 REGISTRAR'S SIGNATURE DHMH - 17 7922 Wise Avenue Dundalk, Maryland 21222 (VR A15 ME (5))

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS CERTIFICATE OF DEATH

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DHMH - 16 50M 4/83 (VRA 15, 4)

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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physican should be detached for use as the invital training permit. Then please remove carbon papers with the State Dept. of Health and Mintal Hypere prior to buriol, cremation, or removal IMPORTANT; If Item 21 is marked as term to have

IMPORTANT: If Item 21 is marked or 11

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3 ₹		BURIAL, CREMATION, REMOV	/AL 23b DATE	23c NAME OF C	EMETERY OR CREA	MATORY 236 LOC	ATION		OUNTY	STATE
]	Burial	3-27-85	Loudon	Park		timore		pullet I	Md.

Mitchell-Wiedefeld H^Ome 6500 York Road 21212

Loudon Park

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO.

26. HOUR 35

126. KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

___, that (I) (we) last

IF UNDER 24 HRS

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

Film G603 item 6 FOR 5/14/85 STATE

REGISTRAR

24. FUNERAL DIRECTOR

DHMH - 16 50M 4/82 (VRA 15, 4)

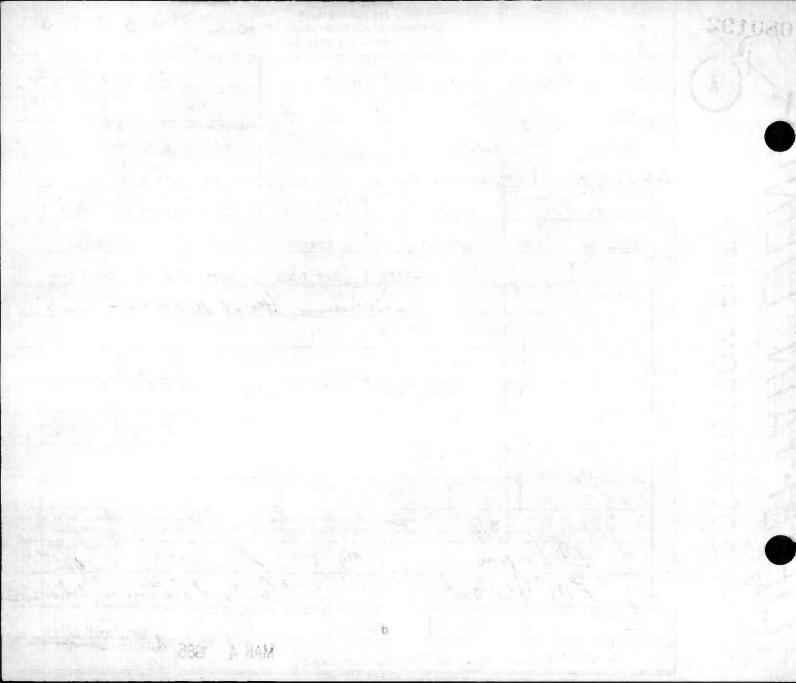
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STATE OF MARYLAND

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		CEASED NAME FIRST OR PRINT)	MIDDLE F	Burnett	REG. NO.	1-85 25 HOUR
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72 bour			76. CITIZEN OF WHAT COUNTRY: $U.S.A$.		BALTIMORE CITY OR COUNT	
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icion and co		VAS DECEASED EVER IN U.S. AR/ YES, NO OR UNKNOWN) (IF YES, GIVI	MED FORCES? 166 SOCIAL SEC 219-26-		na E Herget 3026 O	verland Ave
I Then please remove carb Then please remove carb as to burnel, creedition, or pinjury, or other traumotic	NOIL			DEATH BUT NOT RELATED TO TH	HE TERMINAL DISEASE OR CONDITION G	
of permit	CERTIFICATION	190. DATE OF OPERATION		H OPERATION WAS PERFORMED	YES NO	ES, WERE FINDINGS USED FIFYING CAUSES OF DEATH YES NO
Mental from Mental from or Mental fry	MEDICAL CE	210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) 218, INJURY OCCURRED	P.M. 21e PLACE OF INJURY	211. LOCATION	OCCURRED (ENTER NATURE OF INJURY IN ITEM 18	3 PART) OR PART 2) COUNTY ST
R. After It use as the tealth and is marked	×		(AT HOME, STREET, FACTORY, OFFICE, tol) ottended the deceased from		23, to	, 19 33 , that (1) (w
	1	saw the deceased alive on,	View the body after death.		opinion death occurred on the date and ha	our and from the causes stat
RAL DIRECTO detached for late Dept. of I		22b. SIGNATURE	ugan	/	DING MEDICAL STAFF	3 AFS
TO FUNERAL DIRECTO should be detached for with the State Dept of HWPORTANT. If flem 21			DUENN	M) ATTENI	CIAN POIRECTOR PHYSICIAN DE PHY	222. DATE SIGNED 3/1/5



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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 086037 - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20 DATE OF DEATH GLORIA WALden 2b. HOUR BURNETTE THRE OF PRINTS 20 4 RACE 3. SEX 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR FEMALE BLACK 9 BALTIMORE CITY OR COUNTY OF DEATH THE BINTHPLACE I STATE OR FOREIGN THE CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED BALT IMORE COUNTY NORTH CAR. WIDOWED X CITY OR TOWN OF DEATH 126 KIND OF BUSINESS OR GBMC -6701 N. CHARLES TYPE OF WORK FOR MOST OF WORKING LIFE! TOWSON JSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 130 STATE COUNTY 13c CITY OR TOWN 13e STREET ADDRESS / ZIP CODE MD BAL TO NO F 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE CLIFTON PAULINE ALDFN LOINS WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES) 237-64-8806 KNOTT FUNERAL APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line LARGE RT. INTRACEREBRAL HEMORRHAGE PART I. DEATH WAS CAUSED BY DAYS IMMEDIATE CAUSE (c attendi DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last signed b ā PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

> 19a. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOX YES T 71a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M.

21d INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION COUNTY (AT HOME STREET FACTORY, OFFICE, FARM ETC.) CITY OF TOWN AT WORK NOT WHILE 85

220. Certify that (1) (this haspital) attended the deceased from saw the deceased alive an 3/20 and that in (my) (our) apinion death accurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death 226. SIGNATURE

DEGREE 22c DATE SIGNED ATTENDING MEDICAL 3/20/85 PHYSICIAN DIRECTOR PHYSICIAN 22e. ADDRESS

4 GRMC -6701 N CHARIES ST

LAMBERT

H.DE PAMPHI	LIS M.D.	- De Partira abilio	0/01 1	I. OHARLES	3
23a BURIAL, CREMATION, REMOVAL	23b. DATE	23c NAME OF CEMETERY OR	REMATORY	23d. LOCATION	

24 FUNERAL DIRECTOR O. DYETT 4600 LIBERTY HGTS. AVE.

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DHMH - 16 60M 7/84 (VRA 15, 4)

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CERTIFICATION

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086079	11-	STATE REGISTRAR		M	EDICAL E			ERTIFICATE			REG. NO	o		
		CEASED NAME PE OR PRINT)	FIRST		WIDDLE			LAST		OF	KNOWN ESTI-	HTMOM	DAY YEAR	11794
URS. EET,			EDWARD		Harry			TTERFIELI		DEATH	MATED	Buch	221985	1/8/11
STR FILL	3. SE.		RACE	5. DATE OF BIRT	YEAR	6. AGE (IN YEA	RS IF UN		DER 24 HRS	PRONOU	NCED M	MONTH	DAY YEAR	1122
ARY L DIII N 72 TON	100	ale V	Vhite	Dec. 2		76 YR		L L		DEAL	ORE CITY O	YCA .	CEDEATH	1 PM
IRS AFTER DEATH. IF ANY DELAY IS NECESSARY, PLEASE B. GIVE PAGES 1, 2, AND 3 TO THE FUNERAL DIRECTOR. WITH PORM PM. 3. RETAIN PAGE 5 FOR YOUR FILES. WITHIN 72 HOURS DIVISION OR WARM PRECARDS 201 V. PRESTON STREET,	F	Penns vlv	ania	USA		KIF	* MARRII	ED NEVER MA	ARRIED ORCED		TIMORE			MD
IS N HE FLED.	10 C	ITY OR TOWN OF	DEATH	11. NAME OF HO				er institution			PATION (TYPE		26 KIND OF B OR INDUS	USINESS
PE PATE	4	TOWSON		GBMC 670	1 NORT	H CHAF	RLES_	STREET			Manag	ger	MTA	
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S S I. M		ATHER'S NAME FIRST Rudolph		WIBDLE	Butte	AST mf: ald		Loui		WE A	AIDDLE Z 1	030	leinsch	oin
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AFTEIN VE P P P P P P P P P P P P P P P P P P	0	res, no, or unknown	(IF YES, GIVE	WAR OR DATES)	213	-10-2	858	Ehrma	L. 1	Butter	field.	1031	9A Ma	lcolm
WIT PARTY		18. CAUSE OF I	DEATH /Enter on	ly one cause per li	- Anny	and the second second	_	M	C	\ C	rcle,	2103	APPROXIMA INCMEN ONS	A PO DEADS
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201 S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY RITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND. ROBE TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. ST 3 SHOULD BE USED AS A BURIAL FTRANSIT PERMIT. PAGES 1 AND 2 SHOULD E DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OP WATAL RECO	3	PART 2 OTNER SIGNI	FICANT CONDITIONS	CONTRIBUTING TO DEA	TH BUT NOT RELATE	ED TO THE TERMI	NAL DISEASE	OR CONDITION GIVEN I	N PART 1 (a)				!	
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V OF VITA CATE SHO HE WORD THE CHII UID BE US TO BURIL STO BURIL	의불	21a EXTERNAL	CALISEWAS	216 TIME	OF INJURY		11. 40	W INJURY OCCU	225				YES 🗌	NO P
CERTIFICATE TING THE WE SE SHOULD B DEPARTMEN		UNDERLYING	OR	HOUR A	M. MONTH		FILERO	W INJORT OCCU	KKED (ENIE	ER NATURE OF IN	JURY IN HEM 18 I	PARTIORPART	2)	
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TO MEDICAL EXAMINER: THIS CRITIFICATE SI EXECUTE THE CERTIFICATE, WRITING THE WO PAGE 4 SHOULD BE FORWARDED TO THE C TO FUNERAL DIRECTOR, PAGE 3 SHOULD BE AFTER DEATH, WITH THE STATE DEPARTMENT BALTIMORE, MARYLAND, 21201 PRIOR TO BU	X	WHILE AT WORK	NOT WHILE [STREET, F.	ACTORY, FARM, ETC	E.)	51	TREET		CITY OR TO	IWN	COUN	1TY	STATE
RE THE ATE, VATE,		22a. I certify	that I taak charg	ge of the remains g	esembed abov	e, held an	Autaps	y , inspe	ction .	Inquiry	. an	id in my apir	nian	
WINE SERVICE S		death resulted	fram; Nato	al causes ,	Ascident	O. Cur	ode -	Homicide]. Und	etermined m	anner .	, ,	1	
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TO A EXEC PAGE PAGE BAU	23a.8	URIAL CREMATIC	THE RESERVE AND ADDRESS OF THE PERSON NAMED IN	DATE:				R CREMATORY	23d.	LOCATION	4.			
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CERTIFICATION

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

FIRST

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE REGISTRAR				CERT	FICATE O	FDEATH	REG. NO.				
1. DECEASED NAME	FIRST		MIOOLE		LAST		28 DATE OF DEATH MONTH	DAY YEAR	2b. HO	JR	
THE CAPACITATION	HEL	EN	В.	CABE	EN		March 1, 198	JE UNOER I YEAR	2:1	0 a _M	
3. SEX		4. RACE	E 5. DATE OF BIRTH			6. AGE (IN YEARS LAST BIRTHDAY)			R 24 HRS		
Female	9	l v	hite	Oc		1888	96 YRS		HOURS	MIN.	
78. BIRTHPLACE (STATE	OR FOREIGN	76. CITIZEN	OF WHAT CO	UNTRY? 8	ED NEVE	R MARRIED	9 BALTIMORE CITY OR COUN	ITY OF DEATH		-	
Mass.		USA WIDON				DIVORCED [Daltimana Carreta				
10 CITY OR TOWN OF E	DEATH	(IF NOT IN	SUCH FACILITY, C	NURSING HOME IVE STREET ADDRESS)			12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	LIFE INDUSTRY	Home		
Towson		Mult		ical Nur		Home	Homemaker	OWI	ПО	me	
TIS STATE MD	13b. COU	R OTHER INSTITUT	13c CITY	NCE BEFORE ADMISSION OR TOWN Alto.		E CITY LIMITS?	13e.STREET ADDRESS / ZIP CODE 6231 Bellona Ave., 2				
14 FATHER'S NAME					15. MOTHE	R'S MAIDEN NA					

(YES, NO OR UNKNOWN)	(IF YES GIVE WAR OR DATES)		AL SECURIT INO.	IT INFORMANT	233
NO.	(IF TES GIVE WAR OR DATES)	017	36 1524	Priscilla Howard,	Same
18 CAUSE OF DEA	TH (Enter only one cause pe WAS CAUSED BY: IMMEDIATE CAUSE (a)	Ca-	1, (b), and (c).	almonary Arrest	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Canditions, if an	DUE TO, C			dial In face hon	3 days

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CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO

198 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION	N WAS PERFORMED		206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?		
			YES NO	YES	NO 🗌	
21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c HOW INJURY OCCURRED	ENTER NATURE OF INJUR	Y IN ITEM 18 PART I ORPA	ART 2)	
21d INJURY OCCURRED WHILE NOT WHILE AT WORK	216. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOV	AN CON	NIY STATE	

22a.1 certify that (1) (this copital attended the deceased from saw the deceased alive on Feb. h) opinian death occurred an the date and hour and from the causes stated above, (1) (we) wild) (did nat) view the body after death DEGREE

22d PS CIAN'S NAME (TYPE OR PRINT) 22e ADDRESS

22c. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN

MIODLE

James H. Milman, MD

1205 York Road, Balto., 23d. LOCATION CITY OR TOWN 23c NAME OF CEMETERY OR CREMATORY

Cremati	on	3/2	2/85	Green	Mount	
24 FUNERAL DIRECTOR	Henry	W.	Jenkins.	& Sons	Co.	25a. DA

DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Balto.

DHMH - 16 60M 7/84

should be detached for use as with the State Dept. of Health

FUNERAL DIRECTOR:

(VRA 15, 4)

4905 York Read

230 BURIAL, CREMATION, REMOVAL 236. DATE

Balto., MD

21212

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STATE

MD

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Total York Hoss Ellowers Committee C

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	1	STATE REGISTRAR				CERTIF	ICATE OF DEATH	1	REG. NO.			
32		EASED NAME OR PRINT)	FIRST		WIDDLE		AST			ONTH DA	AY YEAR	2b HOUR
		NETT	IE		ABETH	CAR			I 28, 1			5:00 a
	3. SEX 7a. BIR CC 10 CIT USUA 13a. S1 14. FAT			4. RACE		5. DATE O			YEARS LAST BIRTH		ONTHS DAYS	HOURS MI
. 1		FEMALE		WHITI	€	JAN	. 28, 1896		39	YRS		124
26	a. BIF	THPLACE (STATE OF	FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MAPPIE	D NEVER MARRIE	9 BALTIM	ORE CITY OR	COUNTY	OF DEATH	
U		MARYLAND		U.S.A	A.	WIDOWI		_ D7TI	TIMORE	COUNT	Y	,
10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET).			OR OTHER INSTITUTIO		12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY							
U		DUNDALK			DUNGLOW I					HOME	MAKER	
6	USUA 13a. S	L RESIDENCE (IF NUR	13b COU	NTY	13c. CITY OR TOW		13d INSIDE CITY LIM	AITS? 13e STREE	ADDRESS /	ZIP CODE		
9			BALT	0.	DUNDALK		YES NO		DUNGL	OW RD	212	22
2/	4. FA	JOHN		WIDGIE	LAST		15. MOTHER'S MAID		MIDDIE		LAS	16
11				····································	NICHOLS		MAR	RY	ALICE		WIL	LIAMS
1	60. W	'AS DECEASED EVER ES_NO OR UNKNOWN) NO		MED FORCES? VE WAR OR DATES)	166 SOCIAL SECU		17 INFORMANT		ADDRES			
		IVO			216.46.0	3/4	FRANK W.	CAREY, J	R. (SON) (SA	AME AS	
		18 CAUSE OF DEAT	H Enter a	nly one cause per	line far (a), (b), and	Ic.	0 0				BETWEEN	MATE INTERVAL ONSET AND DEAT
		TAKI I. DEATH		TE CAUSE (a)	icula 6	200	reclasif.	J. Neum	rice			
				DUE TO, O	R AS A CONSEQUE	NCKOF	-0.	1 = 10				
		Conditions, if ony		((b)_	400	1)	C KELLY	2 Lan	mil		1 100	1
		gave rise to in cause (a), state	ng the	DUE TO, O	R AS A CONSEQUE	NCE OF	//	7				47.60
		underlying cous	e last.	((c)_								
		PART THER SIG	NIFICANT	CONDITIONS C	ONTRIBUTING TO	EATH BUT	NOT BELATED TO TH	E TERMINAL DISE	SE OR CONDI	TION GIVE	N IN PART 1	a ·
	ě	Bor	vik	neces	not him	6 Chr	C BROD	<i>S</i>				
	N N	190. DATE OF OPERA	TION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AU	TOPSY?		WERE FINDING CAUSES	
10	E I							YES 🗌	NOX	YES		NO 🗌
0		OR CONTRIBUTING		21b. TIME C	OF INJURY .M. MONTH DA	Y YEAR	21¢ HOW INJURY C	OCCURRED (ENTER	NATURE OF INJURY	IN ITEM 18 PAR	RT OR PART 2)	
/	CAL	(IF EITHER NOTIFY MEE		AIR	M.	19						
	ED	21d INJURY OCCUP	RED		OF INJURY REET, FACTORY, OFFICE, F.	**** ETC \	211 LOCATION		CITY OR TOW	N	COUNTY	STATE
	2	AT WORK NOT W	ORK ORK	(AT HOME, ST	REET, FACTORY, OFFR.E.F.	ARM, EIC)						
		22a.l certify that ((this hosp	ital) attended th	e deceased from	July	25 . 19_	69 to	March	1 11	9 <u>85</u>	that (I) (we) l
		sow the decea		at) view the body	-5 18 S	. 0	nd that in (my) (our) o	pinion death occur	red an the date	e and hour	and from the	causes stated
		22b. SIGNATURE	dia raig in	A A	aller death.		DEGREE				22c. DATE	SIGNED
		tion	OF	6 V 100	NI		ATTEND	MEDICA			3/29	/1985
+		22d. PHYSICIAN'S N	AME (TYPE	OR PRINT)	PAN .		22e ADDRESS	LA DIRECTO	K CJ FRITSICI/	711 L	10,20	. 2505
		THEODORE	C. P	ATTERSO	V. M.D.		3427 DUN	DALK AVE	. DUND	ATK.	MD. 2	1222
	23a B	URIAL, CREMATION			· · · · · · · · · · · · · · · · · · ·	IAME OF C	EMETERY OR CREMA		CATION			
- 34	Į.	BURTAL	, ALMOTAL	3/30/			N CEMETERY	C	TY OR TOWN		COUNTY	ARYLANI
	J.			13/30/.	LOOJ UA	I TICALA		. D/		4.5	Iv)	CALITICALIA

DHMH - 16 60M 7/84 (VRA 15, 4)

WALTER BROOKS BRADLEY INC., DÜNDALK, MD. 21222

3/30/1985

OAK LAWN CEMETERY

BALTIMORE

MARYLAND

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physicion and completely filled in by the funeral director, passhould be detached for use as the burial-transit permit. Then please remove carbonopopers. Pages 1 and 2 should be filled within 72 hours after dwith the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal.

IMPORTANT: If them 21 is marked or them 18 shows any injury, or other troumatic event, the medicalexagine in the main returned by Apages.

089494

FOR - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

750 DATE REC'D. BY REGISTRAR 756. REGISTRAR'S SIGNATURE

Like Swidson Rondoll

6

REGISTRAR				CERTIF	ICATE OF DEATH	R	EG. NO.				
	FIRST	M	IDDLE	1	AST	20. DATE OF DE		NIH DAY	YEAR	26 HOUR	
(TYRE OR PRINT)	GNES	JEAN	NETTE	CA	ARLILE	MARCH	1.	1985		4:05Am	
3. SEX		RACE		5. DATE O	OF BIRTH	6 AGE (IN YEARS		Y) IF UNDE	RIYEAR	IF UNDER 24 HRS	
FEMALE		WHITE	Ξ	OCT.		89		YRS.	DAYS	HOURS MIN.	
To. BIRTHPLACE (STATE OR FOR	EIGN 7b.		VHAT COUNTRY?	8.		9 BALTIMORE	CITY OR C		ATH		
VIRGINIA	V2 (F	U.S.A	Α.	MARRIE	DXX NEVER MARRIED L		_	COUNT		MD	
10 CITY OR TOWN OF DEATH	1 11				OR OTHER INSTITUTION	12a USUAL OCC				F BUSINESS OR	
21234		VALLE		NURS.	ING HOME	HOUSE			HOM.	E	
USUAL RESIDENCE (IF NURSING 130. STATE 13 MARYLAND	b. COUNTY		GIVE RESIDENCE BEFORE 13c. CITY OR TOW 212	/N.	136 INSIDE CITY LIMITS? YES NO X	1304 D	RESS / ZI ARTM	OUTH A	VE.	21234	
14 FATHER'S NAME	MID	DLE	LAST		15 MOTHER'S MAIDEN NAM		IDDLE		LAST	- 2	
JAMES	F		HALEY		IDA		Α.	MI	LLE		
60 WAS DECEASED EVER IN			166 SOCIAL SECU	IRITY NO.	17 INFORMANT		ADDRESS		117-11		
NO OR UNKNOWN)	IF YES, GIVE, W	AR OR DATES	12-01-7	7180	WILLIAM CA	RLILE,	SR.	BALTO.	, M	ID 21234	
18 CAUSE OF DEATH	Enter only	one cause per l	line for (a), (b), an	dicii				В	APPROXIV	MATE INTERVAL	
PART I. DEATH WAS	CAUSED E	IY:			Cade + Cardio	march de	Local		10 year		
1/	DUE TO, OR AS A CONSEQUENCE OF										
Conditions, if any, v	uhi ah	DUE TO, OR	AS A CONSEQUI	ENCE OF				100			
gave rise to imme	diote	(b)									
cause (a), stating underlying cause	J DOE TO, OK AS A CONSEQUENCE OF										
	(c)										
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110										
TO DATE OF OPERATION AS UNDER	po yel	THE CONDI	Mellita	OPERATIO	N WAS PERFORMED	70m AUTOPSY	(2)	b IF YES, WERE	FINDIN	CS LISED	
OL DATE OF OPERATION		178 CONDI	HOW FOR WITHER	OFERATIO	WAS FERT ORMED	111	LA IN	CERTIFYING C	AUSES	OF DEATH?	
210 ACCIDENT WAS UNDER	IVINIC T	71b. TIME OF	INTITIBY		21c. HOW INJURY OCCURE		AL	YES 🗌		NO 🗌	
			A. MONTH D	AY YEAR	ZIE TIOW INJOK! OCCUR	KED (ENTER NATURE	OF INJURY IN	THEM IN PART I ON	KAKI 2}		
S (IF EITHER NOTIFY MEDICAL		P.A		19							
OR CONTRIBUTING CAN (IF EITHER NOTIFY MEDICAL 21d. INJURY OCCURRE		21e PLACE C	OF INJURY EET, FACTORY, OFFICE I	ARM, ETC.)	211 LOCATION STREET	CI	TY OR TOWN	COL	YINU	STATE	
AT WORK NOT WHILE				and the second		- 51	. 12		1	127	
220 I certify that (I) (t	his hospital	ottended the	deceased from_	7/2/	19 67	, to/ 2	·	. 19	B , 1	hat (1) (we) last	
sow the deceased above, (I) (olive on	iew the hody o	otter death	, 01	nd that in (my) (opinion i	deoth accurred or	the date	and hour and fi	om the c	auses stated	
22b. SIGNATURE	r (did iidi) i	iew me body e	oner deam.		DEGREE		4.00	22	DATES	SIGNED	
lore ly A	m)			1	ATTENDING PHYSICIAN	MEDICAL DIRECTOR I	STAFF		tool	1100	
22d. PHYSICIAN'S NAM	E (TYPE OR RE	NNI)			77e. ADDRESS	J DIRECTOR ()	moreia		1	7	
SAMUEL I	. 011	MANSK	Y. MD.		8405 LOCH	RAVEN	BLVI	. 661-	222	2	
				11115 02 -					~~~		
23a. BURIAL, CREMATION, RE		73b. DATE			EMETERY OR CREMATORY	23d. LOCATIO	OWN	COUNT	ly	SLATE	
BURIAL	· ·	IARCH4	, '85 DR	UID :	RIDGE CEMET	EKA RYT	'T'T IMC	RE CO.	, M	IARYLANI	

DHMH - 16 60M 7/84

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(VRA 15, 4)

24 FUNERAL DIRECTOR

WILLIAM E. JOHNSON8521 LOCH RAVEN BLVD MAR 1

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FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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00	1 -	REGISTRAR			CERTIF	ICATE OF DEATH	REG	NO.		
10	DEC	EASED NAME FIRST		MIDDLE		LAST	20. DATE OF DEATH		DAY YEAR	26 HOUR
	(TYPE	Bertha	Bernic	e Carr				3/25	5/85	3:05p M
3.	. SEX		4. RACE		S. DATE (6 AGE (IN YEARS LAST	BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS.
	,	Female	Cauc	asian	Nov		66	YRS.	MONING DATS	MOUNS MIN.
7		THPLACE (STATE OR FOREIGN	76 CITIZEN O	F WHAT COUNTRY?	8 MAD PD IE	D NEVER MARRIED	9 BALTIMORE CITY			
1		aryland	U.	S.A.	WIDOWI		Baltin	ore co	ounty	MD
	0 CI	Y OR TOWN OF DEATH Towson	6701 r	F HOSPITAL, NURSIN UCH FACILITY, GIVE STREET Charles	St GE	DR OTHER INSTITUTION	12a USUAL OCCUP. (TYPE OF WORK FOR MO) Key Punc		LIFE) INDUSTRY	Gov t
1	30 S		orother institution of the contract of the con	13c. CITY OR TOW Forest	/N	13d. INSIDE CITY LIMITS? YES NO 🛣	13. STREET ADDRESS 2714 Gr	s/zipcon) <u>C</u>	.050 Rd.
		THER'S NAME	MIDDLE	tast		15. MOTHER'S MAIDEN NA			LAS	1
X		Charles	A .	Crowl		Edith	Model		Irvin	g
1 10		AS DECEASED EVER IN U.S. S NO OR UNKNOWN) (IF YES	ARMED FORCES?	166 SOCIAL SECU	JRITY NO.	17 INFORMANT	ADI	PRESS	All Property	
4	(,	No	OIVE WAR OR DATES;	217-03-	5408	Marvin F.	Carr	Stree	et, Md.	
		18 CAUSE OF DEATH Enter	only one couse p	er line for (a), (b), on	id ic				APPROXI BETWEEN	MATE INTERVAL ONSET AND DEATH
		PART I. DEATH WAS CAL	ISED BY: IATE CAUSE (0)_	Liver Ca	ncer					
	NO	PART 2 OTHER SIGNIFICAN Renal failur	_	CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CO	NDITION G	IVEN IN PART 110	2
2	ERTIFICAT	90 DATE OF OPERATION	19b CON	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERT	ES, WERE FINDIN IFYING CAUSES (ES	
1	0	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR	OF INJURY A.M. MONTH D. P.M.	AY YEAR	216 HOW INJURY OCCUR			PART 1 OR PART 2)	
	MEDICAL	21d INJURY OCCURRED WHILE OF WORK AT WORK	21e. PLAC	E OF INJURY STREET, FACTORY, OFFICE, I		211 LOCATION STREET	CITY OF	TOWN	COUNTY	STATE
		22a I certify that (I) (this has sow the deceased alive above, (I) (we) (did) (did		_		12 , 19 85 and that in (my) (our) opinion	, to3/3 death occurred on the			that (I) (we) last couses stated
		Peter W.	Townse			DEGREE MO ATTENDING PHYSICIAN	MEDICAL S'	AFF SICIAN 🛣	3	25-85
/		Dr P Townse				22e ADDRESS				
2.		JRIAL, CREMATION, REMOV		230	NAME OF C	EMETERY OR CREMATORY	23d LOCATION			
	(:	Burial	3/28	/1985 Hi	ghla	nd Cemetery	Highlar	nd F	Harford	STATE Md.
	4 FU	NERAL DIRECTOR				25a. DAT	E REC'D. BY REGISTR.	AR 256 REGIS	TRAR'S SIGNAT	URE
/B4	M.	Gladden K	urtz	Jarrett	svil	le, Md. MAR	A PHOD	Julia Di	avidson-Ra	notebe

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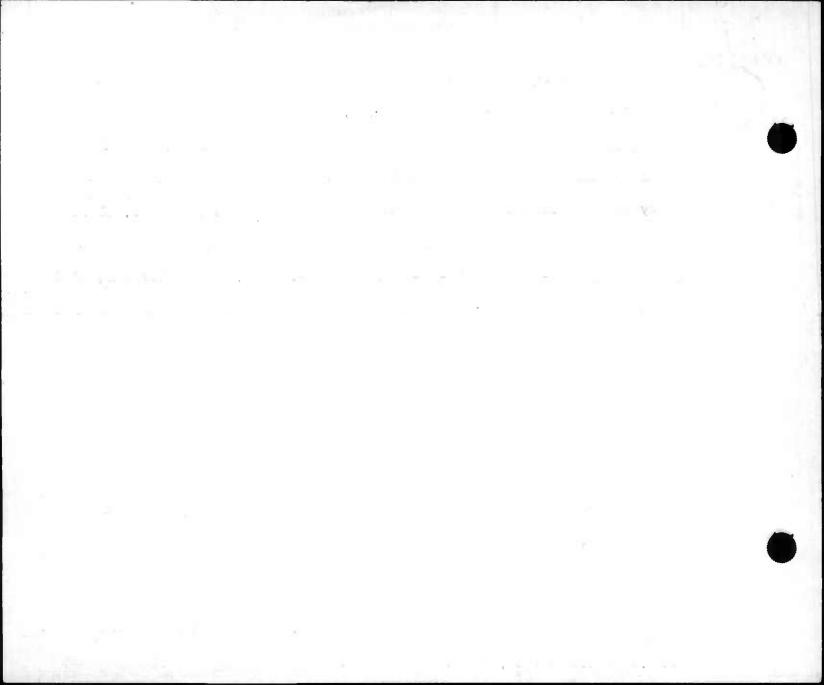
			STATE OF MARYLA	ND
FOR		DEP	ARTMENT OF HEALTH AND M	ENTAL HYGIE
- STATE				
REGISTRAR			CERTIFICATE OF DI	:AIH
FOR ACED ALLANG	C1047	HIDDLE	LAST	

STATE OF MARYLAND	. 60.		_	,	64	23	2
PARTMENT OF HEALTH AND MENTAL HYGIENE	8	5	U	6	8	6-	0
CERTIFICATE OF DEATH		REG NO					

Davidson Randall

1985

de de la companie de	154.77		REGISTRAR						REG. NO).			
09810	2	DEC	EASED NAME FIRST		WIDDLE	L	ST				DAY YEAR	26 HOUR	2
			Dorot	hy N	Moller		Carr		Mar	ch 30	1985	l	м
(A:)		SE)		4 RACE		S DATE O	F BIRTH		AGE (IN YEARS LAST BIRT		IF UNDER 1 YEAR	IF UNDER 2	
			Female	Whi	te	Dec		4	80	YRS	MONTHS DAYS	HOURS	MIN
a 99	46		THPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY	? B.	NEVER MARRIE	ED []	BALTIMORE CITY O		OF DEATH		
rero	2		far yland		USA	WIDOWE			Baltimore County M				MD.
ē g 3 / 9	70		Y OR TOWN OF DEATH				R OTHER INSTITUTION	I NC	128. KIND OF BUSINESS OF				SOR
by the	14	C	ockeysville	Broad	lmead N	ursing	Home	- 1	Homemaker -				
hour be d	16	USU A	L RESIDENCE (IF NURSING HOME O	R OTHER INSTITUTION		RE ADMISSION)	136. INSIDE CITY LIA	AITS2 II	3e. STREET ADDRESS		oadm ea	ad	
filled fulled must		Ma		timore			svilleYES □ NO 🔯		13801 You	k Rd	210		
orthic 12 sh	1.0	4 FA	THER'S NAME FIRST	MIDDLE	LAST		15 MOTHER'S MAID	DENNAM			LAS		
p od o	Y		Louis		Molle	er	Daisy		Lois			llon	
Poges Company			(AS DECEASED EVER IN U.S. AI	RMED FORCES?	166 SOCIAL SEC	URITY NO.	17 INFORMANT		ADDRE	SS			
Pe e	/ L		No		218-46	-9343	Louis J	L. Ca	rr. 1202 I	Bolto	St.	21217	<u></u>
hysicial popers.	/ [18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	nly one couse pe	er line far (o), (b), a	nd (cs.)					BETWEEN	MATE INTERV ONSET AND D	EATH
physon poper emove	- 1			TE CAUSE (a)_	ASCV	<u>()</u>					1		
th ce nding corb				DUE TO, O	OR AS A CONSEQU	JENCE OF							
deoth offend ove co			Conditions, if ony, which	(b)_	COP	D							
the remover the	iry, or other troumonic		gove rise to immediate couse (a), stating the	DUE TO, C	DR AS A CONSEOL	JENCE OF							
thot d by eose ol, c			underlying cause lost.	(c)_									
gane bur bur		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART											
requiren si	0	9											
n. nos been permit I ne prior	1	CERTIFICATION	190 DATE OF OPERATION	196 CONE	DITION FOR WHICH	H OPERATION	WAS PERFORMED		200 AUTOPSY?		, WERE FINDIN		
20 - 40	1	E	7] a ACCIDENT WAS UNDERLYING	2 011 71045	OF INJURY		In Howard		YES NO		s 🗌	NO 🗌	
physici- ificote tronsi- of Hygi-	0		OR CONTRIBUTING CAUSE OF DE			DAY YEAR	ZIE HOW INJURY O	OCCURRE	D (ENTER NATURE OF INJUR	Y IN ITEM 18. P	ART OR PART 2}		
ding ph ding ph is certifi buriol-ti Mentol	1	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER 214 INJURY OCCURRED		OF INJURY	19	211 LOCATION						
		MEC	WHILE NOT WHILE	(AT HOME, S	TREET, FACTORY, OFFICE,	, FARM, ETC }	STREET		CITY OR TOW	М	COUNTY	STA	TE
OING PI or offer the e os the olth and	"			h fr - 0 - 1 - 1 /s	h . l . l	1		UU	2/2	3	10 2 6	. ()	17 -
FND tol o			220.1 certify that (1) (this hasp	7 /	~ ~	85 on	d that in (my) (our)	opinion de	oth occurred on the do	te and hou		that (1) (w	
or ATT he hosping birth of the post of the			sow the deceased alive on obove ((1)) (we) (did no 22b SIGNATURE	view the bod	y atter deoth.		DEGREE			ne and not	22c. DATE		eu
		, 5	The same of the sa	1 1117	TUD		ATTENE	DING	MEDICAL STAF	F _	3/	20/	05
O HOSPITAL found by th O FUNERAL mould be dete	+		224 PHYSICIAN'S NAME ITYPE	O DE INITI			PHYSIC 22e ADDRESS	CIAN []	DIRECTOR PHYSIC	IAN	0/0	29/	
O HOSPI eforned b TO FUNE hould be	/		= SAIS	220	20		121	1 AV	MEAN)			
eforr Form	-	22 - 2	F - 3/10	Invoir	102	NAME OF S	1010	711	THEFT		.		
D.D.		230 B	URIAL, CREMATION, REMOVAI	1			METERY OR CREMA		236 LOCATION CITY OF TOWN	_ т	Balto.	Md	
BP	ŀ	24 Ft	Burial MERAL DIRECTOR	4/2/8	יטן פו	ruia R	idge Cem		Pikesvill				
DHMH-16 20/ (VRA 15, 4) 7/	N N	1	Nues auch As	mm	ADORESS	l	la la	APR :					
		J.	E. Lowell Ler	nmon.	IU W. P	a donia	r.a.	111/	1085	DOLL	dson-Rank	المالك	



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6 6 6 01	1-	FOR STATE REGISTRAR		DEPARTI	MENT OF H	EALTH AND MENTAL H		REG. NO.				
		CEASED NAME F	IRST	MIDDLE	- L	AST	20 DATE OF DE	ATH MONTH	DAY YEAR	26 HOUR		
			ATRICK CA	RR, Jr.			3/3/85			3:304		
	3. SE	MALL	4. RACE Whi			0/15 DAY YEAR	6 AGE (IN YEARS	YRS.	IF UNDER 1 YEAR	HOURS MIN.		
6	N	IRTHPLACE (STATE OR FORE COUNTRY) Maryland	USA		MARRIE		BALT	IMORE,	COUNTY	MD.		
0	T	OWSON MD.	("GBMC	H) ACILO 7051 EET	NPRESS) CI	HARLES STR	E TPE OF WORK FOR	CUPATION RMOST OF WORKING LI Sales	FE) INDUSTRY	wery		
6	13a. S M	laryland	HOME OR OTHER INSTITUTION COUNTY Baltimore	Timoniu	'N	13d INSIDE CITY LIMITS? YES NO 🖰	2309 C		Circle	Apt. 103		
0	Ų	Robert	Patrio		Sr.	Nora Nora		IDDLE	onium,	Md.2109 Burns		
		WAS DECEASED EVER IN YES NOOR UNKNOWN]	U.S. ARMED FORCES? IF YES, GIVE WAR OR DATES) -	16b. SOCIAL SECU 216-09		Mrs. Olga	Carr, 230		vood Ci	rcle,		
		18 CAUSE OF DEATH IS PART I. DEATH WAS	Enter only one cause per CAUSED BY. MEDIATE CAUSE (b)	line for (a), (b), on	dicii			21093	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DAYS			
		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost.								NOWN		
	_		(c)			NOT RELATED TO THE TE	rminal disease o	r condition gi	YE A			
5	CERTIFICATION	190 DATE OF OPERATIO	N 19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPS	IN CERTI	S, WERE FINDIN FYING CAUSES			
7		210. ACCIDENT WAS UNDERLOR CONTRIBUTING CAUSE	SE OF DEATH HOUR A.	FINJURY M. MONTH DA	AY YEAR	21c. HOW INJURY OCCU		4-9				
	MEDICAL	21d. INJURY OCCURRED WHILE AT WORK AT WORK	(AT HOME ST	OF INJURY REET, FACTORY, OFFICE, F	ARM ETC)	211. LOCATION STREET	CI	TY OR TOWN	COUNTY	STATE		
		22a. I certify that (I) (the saw the deceased a above. (I) (we) (did)	alive on 3/3	10 8	2/20 5	nd that in (my) (our) apinio	n death occurred a	n the date and ho	,	that (I) (we) last causes stated		
		above, (1) (we) (did) (did not) view the body after death. 72b. SIGNATURE Robert Pure DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN								SIGNED		
		27d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS										
		ROBERT	PRINCE		1	GBMC, 67	701 Charl	es St., I	Cowson	, Md.		
	I	Burial, CREMATION, REA Burial	MOVAL 236. DATE 3/6/8	35 Ho	ly Tr	emetery or cremator inity Russia	an Elkri	dge F	Howard	Md.		
		Martin D. I	Aslen Con, la	W. Pad	thodo onia I	R.I.A.	R 6 198	STRAR ME REGIS	PRAR'S SIGNAT	URE modell		

DHMH - 16 60M 7/84

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MPORTANT: If Hem 21 is marked ar Item 18 shows any injury, ar other traumotic event, the medical

(VRA 15, 4)

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

0 6825

	REGISTRAR				CERTIF	ICATE OF DEATH	REG. NO.				
	CEASED NAME	Dale	e Eű	gene	Car	tzendafner	20 DATE OF DEATH	ONTH DAY	YEAR	2b. HOU	R
	DHIE			CAR	TZE	nDAfner	3-0	1. 8	5	10:0	5AM
1.58	X	4.	RACE		5. DATE O		6 AGE (IN YEARS LAST BIRTHE		INDER TYEAR	IF UNDER	
S	MAIR	1	White	e	MONTH WONTH	-22. 43	41	YRS	IIHS DAYS	HOURS	MIN.
7a, B	IRTHPLACE (STATE OF F	FOREIGN 76.	CITIZEN OF, V	WHAT COUNTRY	? . 8	NEVER MARRIED	9 BALTIMORE CITY OR	COUNTYO	DEATH		
4	MARYLAN	0 1	Amer	1000	WIDOWE		BAItO	Cou	nty		MD
104	TOWSON		NAME OF H	IOSPITAL, NURSI		R OTHER INSTITUTION	12a USUAL OCCUPATION		126 KIND O	F BUSINE	SSOR
6	SAITO	/	(IF NOT IN SUC	OS CO	h ADDRESS	aspital in	kiln fore		ceme	nt o	20.
#SU	AL RESIDENCE (IF NURS			GIVE RESIDENCE BEFOR	RE ADMISSION)	OSPITITI INC	1 HEATH TOLK	meeti	Ceme	110	20.
130.	STATE	Carro		130. CITY OR TO		13d. INSIDE CITY-LIMITS?	STREET ADDRESS	ZIP, CODE Z	at 2	1115	7
en Fa	THER'S NAME	Carro	71.1	W -5111111	ISTE	15 MOTHER'S MAIDEN NAM		110	1		
7	FIRST	MID		LAST	_	FIRST	WIDDLE		LAS	ī	
_	Milton	J.		rtzend		Lois	Elizabe	th	Blac	k	
	WAS DECEASED EVER	IN U.S. ARME	D FORCES?	166 SOCIAL SEC	URITY NO.	17 INFORMANT	ADDRES	00 E.	Mai	n S	t.
	No	nor	e	214-36	-9328	Edith Cart	zendafner	Westr	inst	er.	MD
	18 CAUSE OF DEAT	H (Enter only o	one couse per	line for (o), (b), o	nd IC				BETWEEN	MATE INTER	DEATH
	PART I. DEATH W	'AS CAUSED B	AUSE (a)	CUTE (OIDSIA :	PULMOUARYI	NSUFFICIENC	f			
		MANAGOTATE				•					3.11
	Conditions, if ony, which DISSECTIVE APEUR'S MOF ADRIC ARCH AND						(Ce				
	gove rise to immediate				VATE	ARTERY (DE	LU RICKUT				
	gove rise to immediate couse (a), stating the underlying couse lost										
	(c)										
z	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110										
10	ACHTE					and conce					
CERTIFICATION	3 - 6 - 8					TA DISSECTING		20b. IF YES, W IN CERTIFYIN			
TIF	3-6-0	2.0	1121	1 HTEKN	ING HUR	BUENRYSM	YES 🔀 NO	YES 5	N .	NO [3
G	210. ACCIDENT WAS UND		216. TIME OF	A. MONTH D	DAY VEAD	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY	IN ITEM 18 PART	TORPART 2)		
¥	OR CONTRIBUTING		P.A		19						
WEDICAL	21d. INJURY OCCUR		21e. PLACE C	OF INJURY		211 LOCATION			COUNTY		
¥	WHILE NOT WH	RK	(AT HOME_STRE	EET FACTORY OFFICE.	FARM ETC }	STREET	CITY OR TOWN	1	COUNTY	5	TATE
	220.1 certify that (this haspital) attended the deceased fram										
	sow the decease		iew the hardy	ofter dooth	, on	d that in (my) (our) opinion o	deoth occurred on the dote	ond hour or	nd from the	couses sto	ited
	226 SIGNATURE		-			DEGREE			22c. DATE	SIGNED	
	1		-	7040.	-	ATTENDING PHYSICIAN	MEDICAL STAFF	N P	3-	10-	85
	22d. PHYSICIAMS NA	AME (TYPE OR PR	INT)			22e ADDRESS	J Dimeer on D Title				
	DEUNAM	TO DE	INEI	A-GOH	62. H	5					
23-	BURIAL CREMATION.	DEMOVAL	23b DATE			EMETERY OR CREMATORY	234 LOCATION				
	(SPECIFY)						23d LOCATION	3	OUNTY	7 75	TATE
	Burial		3/12/	05 P	lbe C	reek Cemete	Pro New Wir	asor	carr	OTT.	MD

DHMH - 16 60M 7/B4

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physicion should be detached for use as the burial-transit permit. Then please remove carbon papers-with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

retained by the hospital or attending physician

injury, or other troumotic

IMPORTANT: If Item 21 is marked or Item 18 shows any

(VRA 15, 4)

Pipe Creek Cemetery New Windsor Carroll

1250. DATE RECID BY REGISTRAR 250. REGISTRAR'S SIGNATURE

ANAR 1 2 1985

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TO MOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within retained by the haspital as attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and c should be detached for use as the buriol-transit permit. Then please remove carbonpapers. Pages with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or remayol.

IMPORTANT: If Item 21 is morked or Item 18 steps any injury, or ather traumatic event, the

08	350	08
24 hours after death. Page 4 may be	illed in by the funeral directar. page 3. wild be filed with 47.2 hours after death	The or office

and completely

medical

FOR STATE REGISTRAR 1. DECEASED NAME MIDDLE LASI FIRST

STATE OF MARYLAND	75
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	Ü
CERTIFICATE OF DEATH	

REG. NO.			
20 DATE OF DEATH MONTH	DAY	YEAR	26 HOUR
3-15-85			1301
6. AGE (IN YEARS LAST BIRTHDAY)	IF UNI	DER TYEAR	IF UNDER 24 HRS
A LA LINE	The second second	- 1	

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	OR PRINT)	low	-85	DAY YEA	20 110	30 PM							
3. SE	(7000	4 RACE		5. DATE O	OF BIRTH	6. AGE INY	EARS LAST BIRTHDAY)	IF UNDER T		DER 24 HRS.		
1	MALE		WHIT	E	MONTH /	4 1912	7	3 YRS	MONTHS D	AYS HOURS	S MIN.		
	RTHPLACE (STATE OR F	OREIGN	b CITIZEN OF	WHAT COUNTRY?	8	NEVER MARRIED	9 BALTIMO	RE CITY OR COUNT	Y OF DEAT	Н			
	aryland		U.S.A	١.	WIDOWE		130	elto Cos	unte	1	MD.		
10 CI	TY OR TOWN OF DEA	TH				ROTHER INSTITUTION		CEOR MOST OF WORKING I	12b Ruff	ID OF BUSI	NESS OR		
1	ndal1stown		Old Co	ourt Nursi	ing He	ome	Forema		Uti	lity	Constr		
	AL RESIDENCE (IF NURS	ING HOME OR		GIVE RESIDENCE BEFORE A		113d INSIDE CITY LIMITS?	13e STREET A	ADDRESS / ZIP COD	ÞΕ				
Ma	aryland	Ba1ti	more	Baltimor		YES NO	6807 I	Richardson	Road	Road 21207			
14. FA	THER'S NAME		AIDDLE	LAST		15. MOTHER'S MAIDEN NAM	ME	WIDDLE		LAST			
Υ	Wilbur		Α.	Cecil	Ĺ	Annie		Elizabeth	1	Sear	s		
	VAS DECEASED EVER	IN U.S. AR/	MED FORCES?	16b. SOCIAL SECUR	RITY NO.	17 INFORMANI. Edi	th V. (Cecil 6807	Rich	ardso	n Rd.		
(YES, NO OR UNKNOWN)		war or dates)	217-18-57	738 A	Baltimore				-2000			
	18 CAUSE OF DEAT	H (Enter an	y one cause per	line for (a), (b), and	(¢ !)	*			8ETW	PROXIMATE IN	TERVAL ND DEATH		
	PART I. DEATH W	AS CAUSE	BY:	2/ A	wow	re			10	+ dan	11		
	IMMEDIATE CAUSE (0)												
	Conditions, if any,	(b)	GAL DIV	rular 6	ular accident								
	gave rise to immediate												
	underlying cause last												
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BULLNOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART Tra												
N O	Diabetes wellitus												
CATI	190 DATE OF OPERA	19b. COND	ITION FOR WHICH O	ION FOR WHICH OPERATION WAS PERFORMED				S, WERE FI					
MEDICAL CERTIFICATION							YES NO YES NO NO						
Ü	21a. ACCIDENT WAS UNE	21b. TIME O	OF INJURY .M. MONTH DAY YEAR			RED (ENTERNA	TURE OF INJURY IN ITEM 18	PART I OR PAR	1 2)				
₹	(IF EITHER, NOTIFY MEDI			M.	19								
9	21d INJURY OCCUR		21e. PLACE	OF INJURY	PAN ETC 1	211 LOCATION STREET		COUNT	COUNTY STATE				
2	WHILE NOT WHILE AT WORK AT WORK				. 1	0.5		1	0.0	-			
	220.1 certify that (III (this hospital) attended the deceased from							. 19 <u>- ¥3</u>	, that {1	(wellast			
	sow the deceased alive an							don the date and ha	ur and Iram	the causes	stated		
						DEGREE			22c. D	ATE SIGNE	D		
	to and.					ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 3/15/87							
1	27d. PHYSICIAN'S NAME (TYPE OR PRINT)					220 ADDRESS 345T Willens Ave							
	V. NAK	AYEN				Balki	rure	21229					
23o E	BURIAL, CREMATION,	REMOVAL	23b DATE	23c N	AME OF C	EMETERY OR CREMATORY	23d. LOCA	TION	-				
	Burial	0. 1. 1	blarch	18,1985 1	Mt. O	livet Cemeter	y Fre	derick, Fi	rederi	ck, M	d.		
	INERAL DIRECTOR +	h. Ke	enev &	asford Fi	ınera	1 Home 250. DAT		EGISTRAR 256 REGIS					
	106 Bast	Churc	h St.,	Frederick	Md.	21701 MAR 2	0 1985	guild David	mr-Ann	dalle	*		

DHMH - 16 50M 4/83 (VRA 15, 4)

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The state of the s

STATE OF MARYLAND

DEPART

MENT	OF	HEAL	TH	AND	MENTAL	HYGIENE	
CE	RTI	FICA	TE	OF	DEATH		

1.	REGISTRAR				CERTIF	ICATE OF DEATH		REG. NO.				
	CEASED NAME	unic		Mae	red	erhora	26. DATE OF	DEATH MO	3-26	-85	J. HOUS	PM
1. SE	# emale		RACE	nite	5. DATE C		6. AGE (INYE	ARS LAST BIRTHE	YRS IF UND	ERTTEAR	IF UNDER 24 HOURS	HRS MIN.
M	RTHPLACE (STATE OF COUNTRY) aryland ITY OR TOWN OF DE		U.S.A		MARRIE WIDOWE	D NEVER MARRIED DIVORCED DO OTHER INSTITUTION	Bal	FIMOY	COUNTY OF DI	inte	BUSINESS	MD.
B	A/40.	R	AST A	CHEACILITY, GIVES	VUYS	1/2-00	(TYPE OF WORK	emaker	VORKING LIFE) IN	DUSTRY		
3e M	at RESIDENCE IF NO STATE aryland	Baltin		13c. CITY OR Edgen	TOWN	134 INSIDE CITY LIMITS? YES NO K	13e STREET /	BAY	IP CODE	1+	212 ROA	
А	lga		Quay	Towe	ers	15 MOTHER'S MAIDEN NA FIRST Bessie	/WE	Ann			ves	
	WAS DECEASED EVER YES, NO OR UNKNOWN)	R IN U.S. ARME		313-20	5-5147	Brian M. Ced	derborg		3217 Mc Baltimo			
NO	Conditions, if any gave rise to in cause (a) shall underlying area	y, which imediate on the last	DUE TO, C	OR AS A CONS	EQUENCE OF	NOT RELATED TO THE TERM	MINAL DISEASE	OR CONDI	TION GIVEN IN	S /	m	
CERTIFICATION	196 DATE OF OPERATION		196 CONDITION FOR WHICH OPERATIO			N WAS PERFORMED	20a AUTO	IN CERTIFYII		WERE FINDINGS USED ING CAUSES OF DEATH?		?
MEDICAL CER	21a. ACCIDENT WAS UP OR CONTRIBUTING	CAUSE OF DEATH DICAL EXAMINER)	21e. PLACE		19	216 HOW INJURY OCCUR	RRED (ENTERNA	CITY OR TOWN		DUNTY	STAT	TE
730	270. I certify that (sed olive on (did) (did not) v	iew the body	25	19 <u>45</u> ,01	nd that in (my) (our) opinion PESSEE ATTENDING PHYSICIAN 22e ADDRESS (0) 2 () EMETERY OR CREMATORY	death occurred DIRECTOR	STAFF PHYSICIA	2			
	(SPECIFY)	,	3/30/	1985	Oak I		CITY	or town ltimor	e cou		Marvl	

DHMH - 16 50M 4/83 (VRA 15, 4)

74 FUNERAL DIRECTOR Duda-Ruck, Inc. 7922 Wise Avenue

Dundalk, Maryland

21222

25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

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	offer
2120	haurs
2	24
ARYLA	within
ALTIMORE, MARYLAN	executed
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ST., BA	eath certificate
ESTON	deoth
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₹	tot
RDS, 20	law requires that the de
E C	3
I A I R	- 61
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., B.	G PHYSICIAN: The
DIVI	TENDING
	OR A
	PITAL OF

N 094152	1 - FOR STATE REGISTRAR Elizabet		PARTMENT OF H	E OF MARYLAND LEALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 5 C	6 8 2 8
th 3	DECEASED NAME FIRST	eth Pye	e C	lark	20 DATE OF DEATH MONTH	-26-85 848 pm.
ge 4 may pag	FEMALE	WHITE	S. DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
deoth. Po	70 BIRTHPLACE STATE OR FOREIGN COUNTRY ENGLAND	7b. CITIZEN OF WHAT COU	MARRIE WIDOWE		BALTIMORE CITY OR COU	County MD.
hours after a line by the tree the filled will be	BALTIMORE	11. NAME OF HOSPITAL, I I IF NOT IN SUCH FACILITY, GIV MERIDIAN NU	RSING CEN	TER-HERTTAGE	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKI HOTT	12b KIND OF BUSINESS OR INDUSTRY EMAKET
Filled in	USUAL RESIDENCE (IF NURSING HOME OF 138. STATE 138. COU! MD. BALTIN	OTHER INSTITUTION GIVE RESIDENCE NTY 13c. CITY C	CE BEFORE ADMISSION)		130 STREET ADDRESS / ZIP C	
ompletel	14. FATHER'S NAME FIRST Andrew		^{AST}	15. MOTHER'S MAIDEN NAM FIRST Christine	MIDDLE	Kippen
n and n and medic	160 WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GI	(E WAR OR DATES)	22-9848	Gordon A. Cl	ark 40 Yorkway	Dundalk, MD 21222
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE IMMEDIA	nly ane cause per line for (a), D BY: TE CAUSE (a)	B 32	renchos	neumonice	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
e death certificate s attending physici move carbon pape allon, or removal. troumatic event, th	Canditions, if any, which	DUE TO, OR D CON	SECULIA OF	ins Du	seare	
by the by the ose rem other tr	gave rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR AS 1 401	A EOUENCE OF		100	
equires n signed Then pl	PART 2 OTHER SHIFT ONT	CONTRIBUTIONS CONTRIBUTION	NG TO DEATH BUT	NOT RELATED TO THE TERM	inal disease or condition	GIVEN IN PART 110
he law reion. hos beer if permit, iene prior	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED		F YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES \ NO \
PHYSICIAN: The Is ending physician this certificate has the burial-transit per and Mental Hygiene d or Item 18 shows	OR COLUMNIC CALIFFORM	HOUR A.M. MON	TH DAY YEAR	21c HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN ITEA	A 18 PART I OR PART 2)
ING PHYS r attenting of the bur th and Me orked or I	OR CONTRIBUTING CAUSE OF DE CHIEF CONTRIBUTION CONTRIBUTI	21e PLACE OF INJURY (AT HOME STREET, FACTORY,	OFFICE FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
TTEND pital a TTOR: 4 for use of Heal 21 is m	22a I certify that (I) this hop saw the deceased alive ar abave, (I) (we) (did) (did no	3/26/	er.	nd that in (my) (our) opinion o	death occurred an the date and	hour and from the causes stated
or he coche	27b. SICNATURE	Petters	_ M	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22¢ DATE SIGNED
TO HOSPITAL (etained by the TO FUNERAL (should be deto with the State (IMPORTANT: If	22d. PHYSICIAN'S NAME (TYPE	PATTERS	an.	3427 D	undalkr	tue.
BP	230. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	23b. DATE 03/28/1985	1	EMETERY OR CREMATORY	23d LOCATION CITY OF TOWN BALLIMOTE,	MaryTand STATE
DHMH - 16 60M 7/84 (VRA 15, 4)	24 FUNERAL DIRECTOR NAME Walter Brooks B	AC	Dundalk,	MD 21222 MAF	e rec'd. by registrar 256 re R 2 9 1985	GISTRAR'S SIGNATURE

4-20 Property Commence of the

The Bridge of Market 1991 of 1992 and the second of the J

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Perio	0	6	12	.3	0
5	U	0	0	lia	-

REGISTRAR				CERTIF	ICATE OF DEATH	REG. 1	10.			
1. DECEASED NAME	FIRST		MIDDLE	L	AST	20 DATE OF DEATH		DAY YEAR	2h HOUR	
(TYPE OR PRINT)	Evely	n	M.	Clay		March 27,	1985		10.30PM	
3. SEX		4. RACE		5. DATE C		6 AGE (IN YEARS LAST B		IF UNDER 1 YEAR		
Female		White		May .	1, 1909 YEAR	75	YRS.	MONTHS DAYS	HOURS MIN.	
a. BIRTHPLACE (STATE	OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY	(? 8	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY	OF DEATH	No.	
Md.		USA		WIDOWE		Baltin	more Co	ounty	MD.	
M. CITY OR TOWN OF	DEATH			ING HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPA			OF BUSINESS OR	
Baltimore	9		0046 C. V		n Woods Rd.	Homemakes		E) INDUSTRY		
USUAL RESIDENCE (F	NURSING HOME O	R OTHER INSTITUTION	GIVE RESIDENCE BEFO	DRE ADMISSION)	13d. INSIDE CITY LIMITS?	112. CTDEET ADDRESS	/ 710 CODE	2	21234	
Md.	Bal	to.	Baltim	ore	YES NOTE CITY LIMITS?	13e STREET ADDRESS 9046 C	Walth	am Woo	ods Rd.	
4. FATHER'S NAME		MIDDLE	1457		15 MOTHER'S MAIDEN NA	ME		LA		
George		MIDDLE	Parlett		Viola	MIDDEE	Colwe	≥11 °	31	
160 WAS DECEASED E	VER IN U.S. A		166 SOCIAL SEC	CURITY NO.	17 INFORMANT	ADDI	RESS			
NO OR UNKNOWN	(IF YES, G	VE WAR OR DATES}	218-18-	4698 A	Mr. Harvey	R. Clay 132	8 Dalt	on Rd.	21234	
18. CAUSE OF D	EATH (Enter o	nly one couse pe	r line for (o), (b), c	and (c).)				APPRO)	XIMATÉ INTERVAL I ONSET AND DEATH	
	H WAS CAUS	ED BY:	RESP	DATI	DRY FAILUI	PF		- 1		
	IMMEDIA	TE CAUSE (o)	7, 57	17/11/1	7.17 1711-07					
		DUE TO, C	R AS A CONSEQ	UENCE OF	1 PNEU	MONITIS				
Canditions, if		(p)	COPD	ar	a /1000	101011 13		_		
	couse (o), stoting the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF									
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN									
	SIGNIFICANT	CONDITIONS	ONTRIBUTING TO	DEATH BUT	OT RELATED TO THE TERM	INAL DISEASE OR COL	ADITION GIVI	EN IN PART 1	10	
ē ASCV	D, H	YPERT.	ENSION	1/2/1	TX KI HIP, I	KX1 HO-32				
5 190 DATE OF OPI	ERATION	196. COND	ITION FOR WHIC	CH OPERATIO	N WAS PERFORMED	200 AUTOPSY?		, WERE FIND! YING CAUSES		
H				_		YES NO	YES	s 🗌	NO 🗌	
A SCV			OF INJURY	DAY VEAD	21c HOW INJURY OCCUR	RED (ENTER NATURE OF IN	URY IN ITEM 18 PA	ART 1 OR PART 2)		
		AIN	M. MONTH	19						
UF EITHER, NOTIFY 21d. INJURY OCC			OF INJURY	- 17	211 LOCATION				100	
₹ WHILE □ NO	T WHILE	(AT HOME, ST	REET, FACTORY OFFICE	F FARM, ESC.)	STREET	CITY OR I	OWN	COUNTY	STATE	
		ital) ottended ti	ne deceased from	Tan	87 19		Janet	19.8	, that (I) (we) last	
saw the dec	eosed alive a	2	27- 19	- V	nd that in (my) (an) apinian		dote and hour			
	above, (I) (was total) (did not yiew the bady ofter death. 27b. SIGNATURE DEGREE									
1	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN								18-85	
22d PHYSICIAN"	S NAME (TYPE	OR PRINT)	01.		27e ADDRESS					
100		(r. K	. RAO		M	Dal+	imore		Md.	
23a. BURIAL, CREMATK	ONL DEMOVA			NAMEOSO	L 3128 Harfor	23d LOCATION	THOTE		FICE .	
(SPECIFY)						CITY OR TOWN		COUNTY	MA	
Cremation	2	Mar.29	1985	Westvi	ew Mem.	Catonsv	110 B	7.4-	Md.	

Westview Mem.

DHMH - 16 50M 4/83

TO FUNERAL DIRECTOR: After

etoined by the hospital

IMPORTANT: If Hem 21 is

should be detoched for with the State Dept. of

this certificate has been signed by

use as the burial-transit permit. Then p Health and Mental Hygiene prior to bur

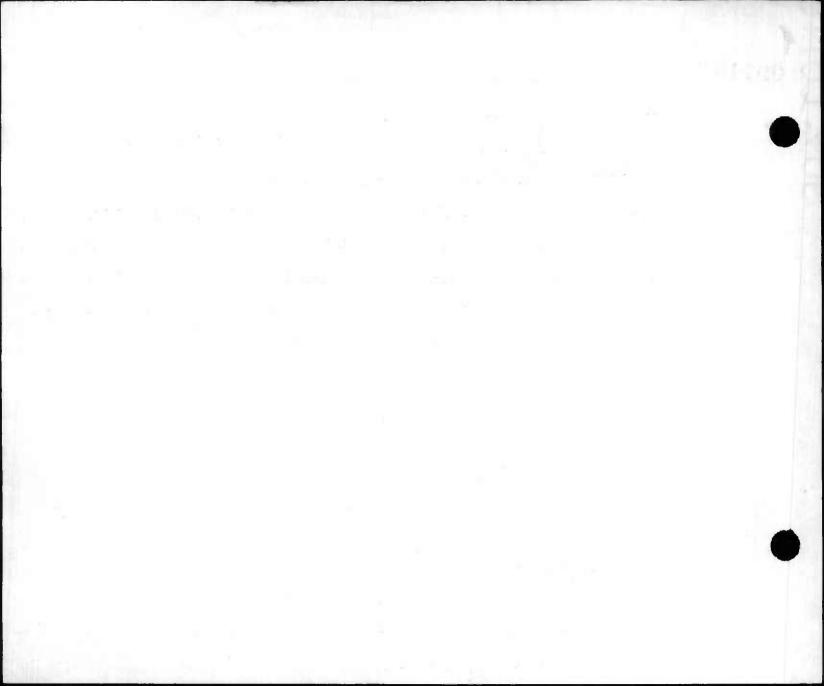
24 FUNERAL DIRECTOR Inc. Baltimore, Maryland Leomard J. Ruck (VRA 15, 4)

Catonsville Balta

250 DATE REC'D. BY REGISTRAN 250. REGISTRAN SSIGNATURE in dender Handelle

Situation of minimum and a state of the stat

1						STATE	OF MARYLA	IND	24		01	. 3	17 13
1	,	FOR			DEPARTA	MENT OF H	EALTH AND	MENTAL HYG	IENE Ö	3	0	0	3 0
1	1 -	STATE REGISTRAR				CERTIF	CATE OF D	EATH					
\										REG. NO.			
0044 419		CEASED NAME F	IRST	٨	AIDDLÉ	L	AST		20. DATE OF	DEATH MO	ATH DAY	YEAR	2b. HOUR
091447	(Tripe	TA	LMA	DGE	G.	CI	-AYTON	J		3	22	85	03.35 M
A D D	3 SE			RACE		5. DATE C			6 AGE (IN YE			DER 1 YEAR	IF UNDER 24 HRS
4 65		Male		Black	2	монтн	19	1931		F 2	MONT	HS DAYS	HOURS MIN.
o EsA	_ 1	RTHPLACE (STATE OR FORE	ICAL 76	76 CITIZEN OF WHAT COUNTRY?			9				YRS.	DEATH	
4 30 1/2		CHINTRY	701			MARRIE	NEVER A	AARRIED 🎗	9 BALTIMORE CITY OR COUNTY OF DEATH Baltimore CO,				
deoth	1	Maryland		u.s.		WIDOWE	- Long Control	ORCED _					MD.
the dwin	W. C.	TY OR TOWN OF DEATH	7	(IF NOT IN SUC	OSPITAL, NURSIN H FACILITY, GIVE STREET	ADDRESS)			12a USUAL O (TYPE OF WORK)			ZE KIND OI NDUSTRY	F BUSINESS OR
S of Soft		account to		Baltimo	re Count	y Gen	eral Ho	spital					
n o o	USU	AL RESIDENCE (IF NURSING	COUNT	HER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)	13d. INSIDE C		13e STREET AI	DDDEEC / 71	n CODE		
24 P		aruland	COUNT		Baltimor		YES 1	NO	2324 0				01011
들 글을		THER'S NAME			Succession.	e	7	MAIDEN NA	ME	uxveni	on He	ights	21216
de de s	1	FIRST	MI	DDLE	LAST			FIRST		MIDDLE		LAST	1
compli	1	Hoyt			Clayton		Ollie	2				Johns	on
o po o		VAS DECEASED EVER IN		ED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMA	NT		ADDRESS			
n and c		No	IF TES, GIVE V	VAR OR DATES)	None		Hout C	Pauton	2324 C	al a 4 +	ton Ho	inhts	21216
ا 🏰 نې ت 🌣						1.	Hogz C	<u>augaun</u>	7.3/4	ucuer	ON THE	APPROXI	MATE INTERVAL DISET AND DEATH
certificate ing physici rbanpaper r removal.		18 CAUSE OF DEATH (I PART I. DEATH WAS	CAUSED	one couse per BY:	11.	9		0. A.			1	BETWEEN	INSET AND DEATH
		I.M	MEDIATE	CAUSE (o)	174000	Ly ce	nce 1	cache	gn -	ant	+	14	- days
death ce tatending nove carb notion, ar r		1		DUE TO, OF	A CONSEQUE	ME OF	, 6	copt	rageal	She	church	<u> </u>	
tren tren ian,		Conditions, if ony, w	hich	((b)	aranai	1 Sa	20-D	Kronis	a				
the deat		gove rise to immed)			01						
by the sse ren		couse (a), stating underlying cause		DUE TO, OF	R AS A CONSEQUE	NCE OF	- 1				1		
				(c)									
ے قبیق ک	z	PART 2 OTHER SIGNIF	CANT CO	inditions <u>cc</u>	NTRIBUTING TO L	DEATH BUT	NOT RELATED	TO THE TERM	IN AL DISEASE	OR CONDITI	ON GIVEN I	V PART 110	8
9 _ = = c	CERTIFICATION			_					T	S 100	L IE VEC ME	DE ENIDA	100,11050
ow re rmit. I prior	Q.	190 DATE OF OPERATIO	N	196 CONDI	TION FOR WHICH	OPERATIO	√ WAS PERFO	RMED	20a AUTOF		b. IF YES, WE I CERTIFYING		
YSICIAN, The Idding physican. Is certificate has burial-transit per Mental Hygiene. Are 18 shows, or frem 18 shows.	H								YES 🗌	NO	YES [NO 🗌
SICIAN: The properties of physicial certificate rial-transit ental Hygie frem 18 sho	8	21a. ACCIDENT WAS UNDERL	YING	21b. TIME O			21c HOW IN	JURY OCCUR	RED (ENTERNATE	JRE OF INJURY IN	ITEM 18 PART I	OR PART 2)	
SICIAN ng phy certific riol-tri		OR CONTRIBUTING CAU		-	M. MONTH DA								
YSK ling ling vurie wen	S	1 IF EITHER, NOTIFY MEDICAL 21d. INJURY OCCURRED		P./ 21e. PLACE (19	211 LOCATIO)N					
1 6 6 7	MEDICAL				EET FACTORY, OFFICE F	ARM, ETC.)	STREET			CITY OR TOWN		COUNTY	STATE
or after the e os the olth onc		AT WORK NOT WHILE					4-			/			
A Page A		220 I certify that (th	is hospito		e deceased from_	3	18	19 85	to	5/22	. 19_4	35.	that 🗶 (we) lost
TEN TO FILE		sow the deceosed obove, (1) (we) (did)	olive on_		7.2	F5 , or	d that in (my)	(our) opinion o	death occurred	on the date	and hour one	from the	couses stated
OR AT DIRECTORED Dept. of Item 2	ш	77h SIGNATURE	(ala nor)	view the body	offer deoffi,	7	DEGREE					22c DATE	SIGNED .
Y the ly the lost of detochote Detoc			20000	- /	1 X			TTENDING _	MEDICAL_	STAFF	_	2/	1-1-6
RAIL der			ence	2 8	/ 4	L;		PHYSICIAN [] DIRECTOR [PHYSICIAN	AQ I	2/5	22/85
HOSPITAL ined by t FUNERAL wild be dei h the Stote		274 PHYSICIAN SNAM	1119109	(m)//			22e ADDRES	S					
		1409	ms	2 .)	· Ko	M.D.		13	. 2.	G.	H.		
5 를 5 축 ½ 줄 	23u i	SURIAL CREMATION, RE	мфум	ZIII. DATE			EMETERY OR O	REMATORY	23d LOCAT				
DD.		(SPECIFY) Buria	100	7/10	100			al Parl	CITY C	RTOWN	CO	Mas	ruland
BP	24.5		-	15/63	100 100	rurus	Mallora	IL PULL			DEC ICTD + D		
DHMH - 16 50M 4/83	24. FI	UNERAL DIRECTOR			APIDRESS.			l ² MÅ	R'9 7 1	GISTRAR 25H	ilia Day	SIGNAL	n .
(VRA 15, 4)	Ŀ	15911e V- VC	1091	955 /3	548 CAL	NOON		171/7	1411	000		4007 V-1	andelle



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UBU	197	١
	Ko.	ì

executed within 24 hours ofter death. Page 4 may be

requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or ottending physician. With the 30th Organization results in the mode of them 18 shows any injury, or other troumotic event, the medical examiner must be notified at

IO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funes should be detached for use as the burial-transit permit. Then please remove carbonpopets. Pages 1 and 2 should be filled within 7 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

FOR STATE REGISTRAR DEI

STATE OF MARYLAND	along.	nd .	0	,	. 1	purp.
PARTMENT OF HEALTH AND MENTAL HYGIENE	Ö	5	U	0	(5	3
CERTIFICATE OF DEATH		REG. NO.				

	REGISTRAR							REG. NO	D.				
	CEASED NAME	FIRST		MIDDLE	· ·	AST	20. DATE O	FDEATH	MONTH	DAY YEAR	2b. HOUR		
		Norma	Shirle	y COLLEY			March	7, 19	985		12:05	5a^	
3. SE		4	RACE		S. DATE C		6. AGE IN	YEARS LAST BIRT	HDAY)	MONTHS DAYS	IF UNDER 24	HRS	
1	Female		White	9	Dec	17, 1927	57		YRS.	MONTHS DATE		Aviila.	
	IRTHPLACE (STATE OR	FOREIGN 71	. CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	9. BALTIMORE CITY OR COUNTY OF DEA						
	Maruland		U.S	.A.	WIDOWE		Balti	more (Count	У		MD	
	ITY OR TOWN OF DE	ATH 1		HOSPITAL, NURSING		OR OTHER INSTITUTION		OCCUPATION NOST OF		126. KIND O	OF BUSINES	SOR	
F	SSEX	F		n Square		tal		ical	Balt	. Co So	chools		
UŠU	AL RESIDENCE (IF NUR	SING HOME OR D	THER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)	113d. INSIDE CITY LIMITS?	13e STREET	ADDRESS					
	aruland	Balti		Essex		YES NO K	7 01	d Map	le Ct	212	220		
	ATHER'S NAME			LAST		15. MOTHER'S MAIDEN NA	ME			17.31			
	Russell		gene	Rollins		Lillian		MIDDLE		Lewis	51		
	WAS DECEASED EVER	IN U.S. ARM	ED FORCES?	166. SOCIAL SECUI	RITY NO.	17. INFORMANT		ADDRE	SS				
(YES, NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	214-20-8	328	Miss Debora	h L Co	lley	5 Th	nurmont	Ct 21	.23	
_		TH (Enter poly	one cours per	line for (a), (b), and						APPRO	IMATE INTERV	AL	
	PART I. DEATH V	VAS CAUSED	BY:	Chronic F		Failure				- ORIGINALS	CNSET AND DE	AIR	
		IMMEDIATE	CAUSE (0)	CHI CHI C	CHAI	Tarrare							
			DUE TO, O	R AS A CONSEQUE									
	Conditions, if any		(b)_	Hypertens	ion								
	gove rise to im couse (o), stoti)							- 24.2			
	underlying coust		DUE TO, O	R AS A CONSEQUE	NCE OF								
			(c)						-			_	
z	PART 2. OTHER SIG	NIFICANT CO	ONDITIONS C	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEAS	E OR CONE	DITION GI	VEN IN PART 1	0'		
CERTIFICATION		71011	Tin conto	TION FOR MANCH	OBSERATIO	ALLIANCE DEDECTOR AND	1 00- ALITA	S WERE EIND	NIONIOS LISED				
CA	19a DATE OF OPERA	MON	146. COND	IIION FOR WHICH	OPERATIO	N WAS PERFORMED				WERE FINDINGS USED YING CAUSES OF DEATH?			
RTIF							YES 🗌	NOX	_	ES 🗌			
8	21a. ACCIDENT WAS UN		216. TIME C	OF INJURY M. MONTH DA	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTERN	ATURE OF INJUR	Y IN ITEM 18	PART 1 OR PART 2)			
Y	OR CONTRIBUTING			.M.	19								
MEDICAL	21d. INJURY OCCUR			OF INJURY		21f LOCATION		CITY OR TO	*/1	COUNTY	STA	76	
Z	WHILE NOT W	HILE	(AT HOME, ST	REET, FACTORY, OFFICE, FA	ARM, ETC)	STREET		CITTORTO	N/N	CODIVIT	314	16	
	220.1 certify that		1) attended th	ne deceased from E	ahwu:	ary 12 19 85	to_M-	arch 7	7	1985	that (4+ (we	e) lost	
	sow the deceos obove, (H (we) (nd that in (my) (our) opinion	death accurre	ed on the do	te and ha				
	22b. SIGNATURE	did) (did not)	view the body	ôfter deoth.		DEGREE				122: DAT	SIGNED		
	M/ ·	.011	1/6	1-	11.1	ATTENDING _	MEDICAL	STAF	FLO	7/	7/0	5	
	22d. PHYSICIAN'S N	AME	Jag	1011	11/	PHYSICIAN [DIRECTOR	PHYSIC	IANA		110	_	
									0100				
	Michael	rayror	r, M.D.			9000 Frankli			2123	/			
23a.	BURIAL, CREMATION	, REMOVAL	236. DATE			EMETERY OR CREMATORY	23d. LOC	YORTOWN		COUNTY	STA	TE	
7	Burial		3/9/8	35 F	ark		Ba.	ltimor	e, M	aruland			
74 E	LINERAL DIRECTOR					250 DAT	E PEC'D BY	DECISTRAD	25h PEGIS	TDAD'S SICKEN	Brather Bles		

DHMH - 16 50M 4/82 (VRA 15, 4)

BP.

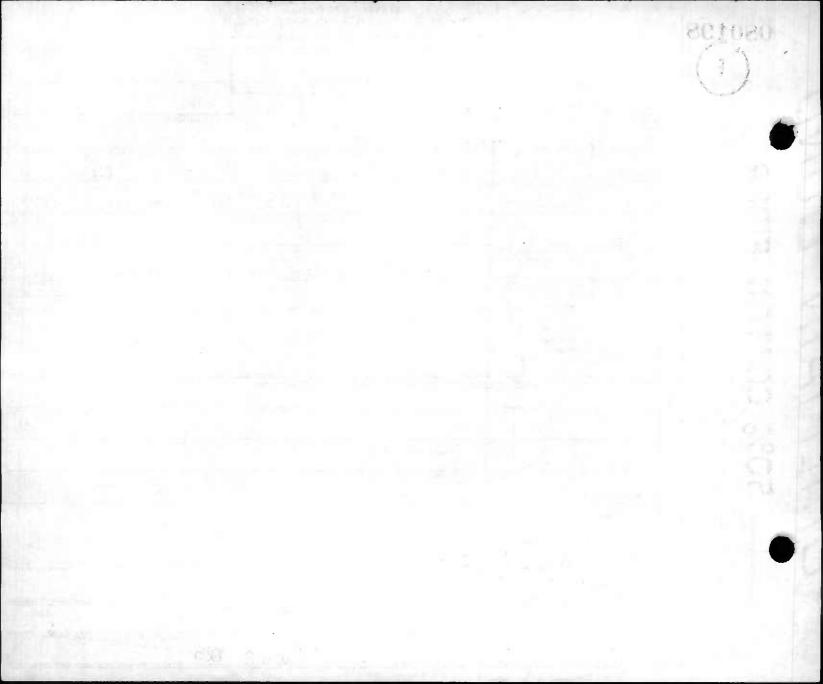
NAME Leonard J Ruck Inc.

Baltimore, Maryland

MAR 7

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FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

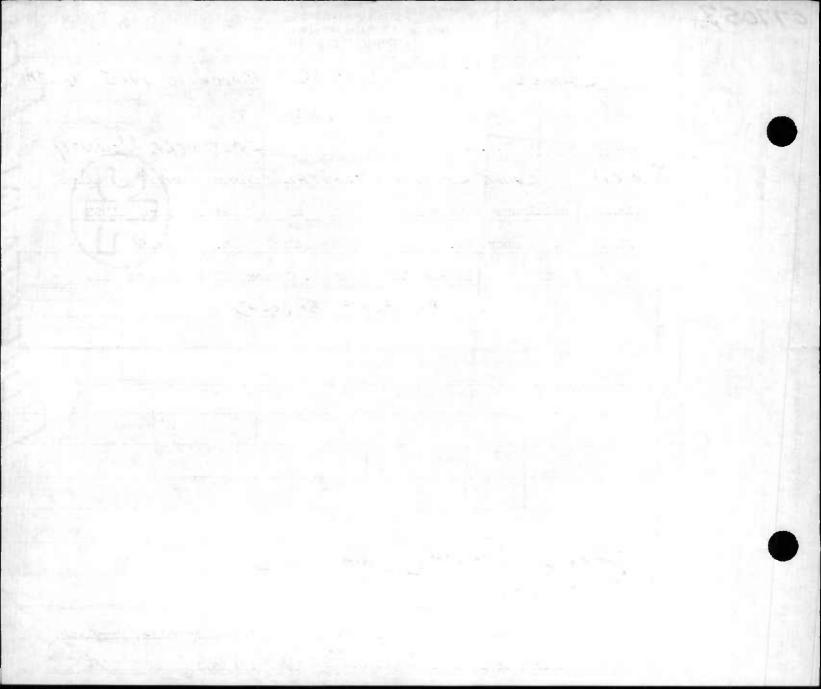
DEC	NO	

		REGISTRAR			CERTIN	TOTAL OF DEATH	REG. N	0.		
		CEASED NAME OR PRINT!		E. CONNO	R, J	ONNOR	MARCH /	MONTH DA	Y YEAR	6:23 AM
1	1 SEX		4. RACE		5. DATE (6 AGE (IN YEARS LAST BIE		UNDER I YEAR	IF UNDER 24 HRS
		Male	Whi	te		ary 2, 1913	72	YRS	NIHS DATS	HOURS MIN.
	7a. BIF	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	MARRIE	D NEVER MARRIED	BALTIMORE CITY	OR COUNTY	PEDEATH	
2		Maryland	U.S.	Α.	WIDOWI		BALTIMO	DRE (OUN	TY MD.
7	-	TY OR TOWN OF DEATH		OSPITAL NURSING			12a USUAL OCCUPAT			OF BUSINESS OR
		OWSON	SAINT	40-01.		TOSPITAL DE	elivery Se	rvice	- Ret	ired
	13a, S M	aryland Balt		GIVE RESIDENCE BEFORE A 13c. CITY OR TOWN Timoniu		YES NONE	13e STREET ADDRESS 8 Belden		21093	
3	14. FA	THER'S NAME FIRST James E.	Connor,	Sr. tast		Christina	A.	Jacob	LAS	ST.
		VAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECUR	ITY NO.	17 INFORMANT	ADDR	ESS		- I ST
		Yes WWI]		213-09-4	729	James E. Conno	or, III,	same as		IMATE INTERVAL ONSET AND DEATH
	Z	Conditions, if ony, which gave rise to immediate cause (o), staffing the underlying cause lost	N IN PART 10	o						
1	CERTIFICATION	190 DATE OF OPERATION	196 CONDI	TION FOR WHICH C	PERATIO	N WAS PERFORMED	200 AUTOPSY?		WERE FINDING CAUSES	
	MEDICAL CER	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE AT WORR NOT WHILE AT WORR NOT WHILE AT WORR 226 I certify that (I) (this haspi sow the deceased alive an above, (I) (we) (did) (did no 226. SIGNATURE) 27d. PHYSICIAN'S NAME (TYPE OF	P.I. PLACE (AT HOME, STR Ital) attended the OR PRINT)	M. MONTH DAY M. OF INJURY EET. FACTORY, OFFICE, FAF e deceased from 19	19 RM. ETC }	21¢ HOW INJURY OCCURRE 21f LOCATION SIREE1	ED (ENTER NATURE OF INJU	own , 19 lote and hour c	COUNTY	
	23a B	BURIAL, CREMATION, REMOVAL	23b. DATE	23c N/	AME OF C	CEMETERY OR CREMATORY	23d. LOCATION	- 1-1-1-1	COUNTY	STATE
		Burial	3-12-	85 Du	laney	y Valley	Cockeys	ville.	Maryla	and
	24 FU	UNERAL DIRECTOR					REC'D. BY REGISTRAR	256. REGISTRA	AR'S SIGNAT	TURE
	Ru	ck Towson Fune	cal Home				1 4 1985	what Dave	dson-192	MARION

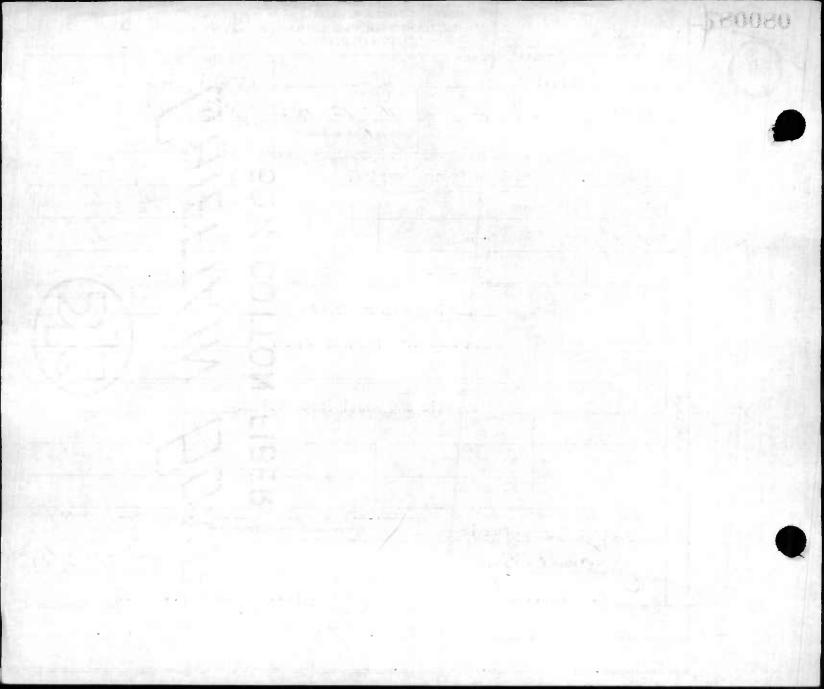
DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

O FUNERAL DIRECTOR: A hould be detached for use with the State Dept. of Heal WBORTANT. If Nem 21 is m.



080087	1 -	FOR STATE REGISTRAR			DEPART	MENT OF	E OF MARYLAND BEALTH AND MENTAL H ICATE OF DEATH	YGIENE 8 5	O	6 3	3 4		
(p)		CEASED NAME	FIRST	,	MIDDLE		AST	26 DATE OF DEATH	MONTH D	AY YEAR	25 HOUR		
()	,	ON CRITCH)	Will	iam		C	OUPLING	March 1	3, 1985		2:49P M		
ge 4 instantion of the stanting of the stantin	3. SE)	Male		Blac	K	5. DATE O		6. AGE (IN YEARS LAST	YRS	FUNDER I YEAR	HOURS MIN.		
deam. Yo	Ma	RTHPLACE (STATE ORF OUNTRY) ryland		USA WIDOWEL 11. NAME OF HOSPITAL, NURSING HOME O (IE NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Franklin Square Hosp				Baltimo	Baltimore County of DEATH Baltimore County				
by the Hilled	Ba	TY OR TOWN OF DEA 1 timore Co					or other institution	120 USUAL OCCUPA (TYPE OF WORK FOR MOS Retired			of Business or		
islind	Ma S	L RESIDENCE (IF NURSI TATE ryland	Balt	THER INSTITUTION TY TMO re	GIVE RESIDENCE BEFOR 134. CITY OR TOW		YES NO K	4 Milden	Ct. #20	2122	21		
ond with		THER'S NAME Add ison			oupling		Lidia FIRST	Barry		ıpling s	iT.		
be executed on ond comp s. Pagest on p. medical axe	16a V	VAS DECEASED EVER		MED FORCES? WAR OR DATES)	717-07-		Doris Showe		os Ct.				
errificate k g physicia onpapers emaval. event, the		18 CAUSE OF DEATH PART I. DEATH W		y ane cause per) BY: CAUSE (a)	line for (o), (b), on Cardiop	ulmon	arv Arrest		3 7	BETWEEN	MATE INTERVAL ONSET AND DEATH		
es that the death certificate ed by the attending physici please remove carbonpapel urial, cremation, ar remaval.		Conditions, if ony, gove rise to imm couse (a), stating underlying couse	ediate	(b)	R AS A CONSEOU Metasta R AS A CONSEOU	tic P	rostate Canc	er					
signed signed hen pl to buri	z	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 Hepatic and Renal Insufficiency											
he law recon. has been t permit. If tene prior t	CERTIFICATION	19g DATE OF OPERAT	ION	196 CONDI	Hepatic TION FOR WHICH	and OPERATIO	Kenal Insuft N WAS PERFORMED	1CTENCY 200 AUTOPSY? YES NO NO	20b. IF YES, IN CERTIFY YES	WERE FIND ING CAUSES	NGS USED OF DEATH?		
S PHYSICIAN: The Intending physicion prysicion prysicion prysicion pry this certificate has the buriol-transit prond Mental Hygien ced or life. 18 Maw.		216. ACCIDENT WAS UND OR CONTRIBUTING C	AUSE OF DEAT	HOUR A.	M. MONTH D	AY YEAR	21¢ HOW INJURY OCC	URRED (ENTER NATURE OF IN	JURY IN ITEM 18 PAI	RT (OR PART 2)			
IG PHYSI offending ter this ce s the buri	MEDICAL	21d. INJURY OCCURR	LE 🗍	21e. PLACE ((AT HOME, STR	OF INJURY EET, FACTORY, OFFICE, I	FARM ETC	211 LOCATION STREET	CITY OR	IOWN	COUNTY	STATE		
OR ATTENDIN he haspitol or DIRECTOR: Af- oched far use a Dept of Health		220.1 certify that (4) saw the decease obove, A live (d				_	ruary 10 19 85 and that in (%) (aur) opinion				that KK we) last causes stated		
ral OR A yy the hos Ral DIREC detoched out Dept VT: If Irem		27b. SIGNATUR	mu	ell		10	DEGREE ATTENDING PHYSICIAN		AFF SICIAN	22c DATE	SIGNED SY-		
HOSPII pined by FUNER ould be the St			ME (TYPE OR	PRINT))		9000 Frank	lin Square	Dr., 21	237			
Bb Trans	(URIAL, CREMATION, SPECIFY) Burial	REMOVAL	23b. DATE 3/16/8			EMETERY OR CREMATOR	metery Ba	altimore	e, Md.	STATE		
DHMH - 16 60M 7/84 (VRA 15, 4)	24 FL	INERAL DIRECTOR NAME illiam C	Brown		ADDRESS		250 0	MAR 1 9 1985	R 25h REGISTR	AR'S SIGNAT			



BP. DHMH - 16 50M 4/83 (VRA 15, 4)

lows ony injury, or other troumotic event,

MPORTANT: If Item 21 is morked or Item 18sh

STATE OF MARYLAND

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	1 -	FOR STATE REGISTRAR			DEPARTM		ICATE OF DEATH REG. NO.					
		CEASED NAME OR PRINT) DAN	FIRST	. RACE	W. "	C S. DATE C	OX DE DIDTH	1800	20. DATE OF DEATH 3 6. AGE (IN YEARS LAST BI	MONTH DAY	-85	b. HOUR 5 3 M F UNDER 24 HRS
1		Male		White		MONTH		1899	85			HOURS MIN.
	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)			LISA	WHAT COUNTRY?	8. MARRIEI WIDOWE		MARRIED T	9. BALTIMORE CITY O			MD.
	10	WSON		(IF NOT IN SUC		SON A		q Center	120. USUAL OCCUPAT (TYPE OF WORK FOR MOST) Ret. Ite		126 KIND OF INDUSTRY	BUSINESS OR alto. Ho-
	13a. S	anuland	Balti	Y	GIVE RESIDENCE BEFORE 13 CITY OR TOWN (atonsvi	٧	YES 🗌	NO 🔀	136.STREET ADDRESS 2012 Ken	/ ZIP CODE	Rd., 21	1207 tel
4		THER'S NAME Louis		DDJE H.	Cox		Li	'S MAIDEN NAM FIRST LLa	MIDDLE ADDR	FCC	Ree	ed
		(AS DECEASED EVER ES. NO OR UNKNOWN)		MED FORCES? WAR OR DATES)	577-16-0		17. INFORM	Watkin	-			ATE INTERVALI
	ION	Conditions, if ony gove rise to im-couse (o), stotic underlying couse	, which mediate ng the e lost.	DUE TO, OIL DUE TO, OIL DUE TO, OIL DUE TO, OIL DUDITIONS CC	ONSEQUE ONTRIBUTING TO D	NCE OF			Manas NAL DISEASE OR COM			Tion I
	RTIFIC	19a. DATE OF OPERA		196. CONDI	TION FOR WHICH	OPERATIO			20a AUTOPSY? YES NO	IN CERTIFYII		S USED F DEATH? NO
	CAL	210. ACCIDENT WAS UN OR CONTRIBUTING [] (IF EITHER, NOTHY MEDI	CAUSE OF DEAT	HOUR A.I	m, month da m.	Y YEAR			ED (ENTER NATURE OF INJU	JRY IN ITEM 18 PART	T I OR PART 2)	
	MED	21d. INJURY OCCUR WHILE NOT WILL AT WORK	HILE [21e. PLACE (DE INJURY EET, FACTORY, OFFICE, FA	ARM, ETC)	211 LOCAT	ION T	CITY OR TO	NWC	COUNTY	STATE
	0	22a I certify that (I) sow the deceos obove, (I) (we) (22b. SIGNATURE 22d. PHYSICIAN'S N.	ed olive on did) (did nor	View the body HOME PRINT	ofter death.	en	DEGREE 22e. ADDRE	ATTENDING PHYSICIAN SS	MEDICAL STA	VFF		
		URIAL, CREMATION, SPECIFY) Bunia	REMOVAL	3/27/1	985 Md	. Vet	400	CREMATORY (ROWNSV	23d LOCATION CITY OR TOWN	sville.	A.A.	O., Md.
	24. FU	Cully Fur	enal H	omes 2	Baltones M	d.,	21225 Ave.	25a 84 A	R27 985	25h REGISTRA	RISSIGNATU	representation of the second

是 更 a 3 DANIEL W CCX WELL STATES THE STATE OF THE S Enter with the state of the Watter State of the State of

HOSPITAL

DHMH - 16 50M 4/83 (VRA 15, 4)

IMPORTANT: If Item 21 is morked or Item 18 shows ony injury, or other troumotic event, the medical

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1.	REGISTRAR		CERTI	FICATE OF DEATH	REG. N	10.	
	EASED NAME FIRS	MIDDLE		LAST	20. DATE OF DEATH	MONTH DAY YE	AR 2b HOUR
		ODORE _W.	CO	X	March	13. 1985	5:10 a
3. SEX		4. RACE	5. DATE	OF BIRTH TH DAY YEAR	6. AGE (IN YEARS LAST BI		YEAR IF UNDER 24 HRS
1	MALE	WHITE	DEC	- 1	37	YRS.	MIN.
	THPLACE (STATE OR FOREIG	N 76. CITIZEN OF WHA	T COUNTRY? 8.	EDXXNEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF DEAT	Н
	MARYLAND	U.S.A.	WIDOW		Baltimor	e County	M
10. CIT	Y OR TOWN OF DEATH	11. NAME OF HOSE	PITAL, NURSING HOME	OR OTHER INSTITUTION	120 USUAL OCCUPAT		ND OF BUSINESS OF
To	owson	Greater B	altimore Me	dical Center	TECHNIC		RGLAR AL
USUA 13a, S1		OME OR OTHER INSTITUTION, GIVE I	RESIDENCE BEFORE ADMISSION	1 13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS	/ 7IP CODE	
		ALTIMORE	21204	YES NO X	1648 MU	SSULA RD.	21204
	THER'S NAME			15. MOTHER'S MAIDEN NA	ME		
	GLENN	ALEX ANDER	COX	MINNIE	VIRGI	NIA MAUN	IAN
	AS DECEASED EVER IN U.	S. ARMED FORCES? 16b.	SOCIAL SECURITY NO.	17. INFORMANT	ADDR		
	ES, NO OR UNKNOWN) (IF Y	FS. GIVE WAR OR DATES)	5-44-1842	MARY J. CO	x1648 MUS	SULA RD.	21204
				TAMENT OF OUR	12010 1100		PROXIMATE INTERVAL VEEN ONSET AND DEATH
4.13		ter only one couse per line to AUSED BY: EDIATE CAUSE (a)	troperitone	al hemorrhage		UL IV	VEEN ONSEL AND DEATH
		y artery arte				DITION GIVEN IN PAR	
CERTIFICATION	196. DATE OF OPERATION	196. CONDITION	N FOR WHICH OPERATION	ON WAS PERFORMED	200 AUTOPSY?	IN CERTIFYING CAL	
	2]0. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICAL EX-	OF DEATH HOUR A.M.	JURY MONTH DAY YEAR 19	21c. HOW INJURY OCCURR			T 2)
X	2)d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF IN	NJURY ACTORY, OFFICE, FARM, ETC.)	21f. LOCATION STREET	CITY OR TO	OWN COUNT	Y STATE
	sow the deceased ali	hospital) attended the dec ve on 3/1 did not) view the body after	13 19 85	3/7 , 19_85 and that in (my) (our) opinion (, to3/1 death occurred on the d	3/ 19.85 late and hour and from	, that (1) (we) los 1 the causes stated
	226. SIGNATURE	7 / 1	OCOIII.	DEGREE		22c. D	ATE SIGNED
	(due	7 I helle		ATTENDING PHYSICIAN	MEDICAL STA	FF CIANTE 3/	13/85
	224. PHYSICIAN'S NAME	(TYPE OR PRINT)		22e. ADDRESS		10/	10/05
	John E.	Adams, M.D.		6701 N. Char	les St. Ba	altimore M	D 21204
23a. Bl	JRIAL, CREMATION, REMO	OVAL 23b. DATE	23c. NAME OF	CEMETERY OR CREMATORY	23d. LOCATION		21404
	ÜRIAL			CY VALLEY ME	MLGAR. BA	LTIMORE	co. Mi
	NERAL DIRECTOR	There To	THATOTA		E REC'D. BY REGISTRAR	256. REGISTRAR'S SIG	NATURE
TOLT	TITAM E.	OHNSON8521	LOCH RAY	EN BLVD. M	AR 1 5 1985	" la Vavidos	m- Handallo
AAT	THE PART TO 8	CTTINOTION		1 1411	" I U 1000	1. 7	4

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	REGISTRAR				CERTIF	ICATE OF DEATH	REG	G. NO.		
	CEASED NAME	FIRST		MIDDLE	ı	AST	20 DATE OF DEAT		DAY YEAR 2	b. HOUR
(TYPE	E OR PRINT)	Helei	n]	rene	Cra	ame		March	3 1985	M
3. SE			4 RACE		5. DATE C	OF BIRTH	6 AGE (IN YEARS LA		IF UNDER 1 YEAR	F UNDER 24 HRS
	Female		White		Oct.		87	YRS.	MONTHS DAYS	HOURS MIN.
70. B	IRTHPLACE (STATE OR	FOREIGN	16 CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CI		Y OF DEATH	
St.	Louis, Mo		USA		WIDOWE	_	Bal	timore	County	MD.
10. C	ITY OR TOWN OF DEA	ATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCU		126 KIND OF I	BUSINESS OR
T	Cowson	2014	Dulane			sing Home		maker	-	
U5U.	AL RESIDENCE (IF NURS	136 COUN		GIVE RESIDENCE BEFORE		13d. INSIDE CITY LIMITS?	13 STREET ADDRE	ESS / 7ID COL)E	
Ma	ryland		imore	Cockeys			1700 Wo	cthingto	on Height	ts Pkwy
4. F	ATHER'S NAME		WIDDLE	LAST		15 MOTHER'S MAIDEN NA	ME		21030	
	Alphonsu		M.	Leib		Anna	Mar		Dennic	k
160 V	WAS DECEASED EVER	IN U.S. AR	MED FORCES?	166 SOCIAL SECU	IRITY NO.	17 INFORMANT		DDRESS	1700	
(NO OR UNKNOWN)	(IF YES GIV	E WAR OR DATES)	215-09-	3942F	William J.	Crame, S	Sr., Wo		n Heigh
	IN CAUSE OF DEAT	H Enter on	ly one couse pe	r line for (a), (b), an	dic	Pkwy., 21	030		APPROXIMA BETWEEN ON	TE INTERVAL SET AND DEATH
	PART I. DEATH W			A	L. OM		(10 Scs		GET WILLIAM ON	SET MISS DEMIN
	1000	IMMEDIA	E CAUSE (0)	~ ~	JUN.	: 000000	,,,,,			
DUE TO, OR AS A CONSEQUENCE OF A A A CONSEQUENCE OF									100000	
	Conditions, if ony	, which	(d)	a	ruxe	Jelent al	ea.			
	gove rise to imi		, ,,,							
	couse (o), statir		DUE TO, O	R AS A CONSEQUE	ENCE OF					
	underlying cause	lost.	(6)							
	PART 2 OTHER SIGN	NIEIC ANT C	ONDITIONS	ONTRIBUTING TO I	DEATH BUT	NOT RELATED TO THE TERM	AINIAI DISEASE OD	CONDITION G	IVENI INI DADT 1:-	
N		THE PARTY	<u>e</u>	0,414,00,141,010,1	SECTION OF	TO THE TENT	III TAE DISEASE ON	201101110111011	TO THE TAKE TO	
CERTIFICATION	190 DATE OF OPERATION 196. CONDI			ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		ES, WERE FINDING	
F							YES NOT	_ (IFYING CAUSES O	F DEATH?
ERT	210. ACCIDENT WAS UN	DERLYING [21b. TIME C		-	21c. HOW INJURY OCCUR				
	OR CONTRIBUTING		III	.M. MONTH D						
MEDICAL	(IF EITHER NOTIFY MEDI			.M. OF INJURY	19	211 LOCATION				
ME	WHILE NOT WE	ние 🗍	(AT HOME, ST	REET, FACTORY OFFICE, F	ARM ETC)	STREET	CITY	OR TOWN	COUNTY	STATE
	AT WORK AT WO				211	2/03	2/	2/85		
	220.1 certify that (I) saw the deceas	ed alive on	3/3/	e secessed from _	~/.	nd that in (my) (vor) opinion	death accurred an t	hadata and ha		ot (I) (we) lost
	obove, (I) (we) H	did (did no	t) view the body	ofter death.			decili occorred on i	ing date ond no		
	226. SIGNATURE			*		DEGREE ATTENDING	MEDICAL _	STAFF	22c. DATE SI	GNED
	MA	oven	M	mn	2	PHYSICIAN {	DIRECTOR PH	IYSICIAN 🗌	3/5	183
	224 PHYSICIAN'S N	AME (TYPE C	R PRINT)			22e ADDRESS			-	
	Kevin C	Quinn	M. D.			1205 York	Rd., Lu	thervil	le, Md.	21093
	BURIAL, CREMATION,	REMOVAL	23b DATE	23€. 1	NAME OF C	EMETERY OR CREMATORY	23d LOCATION	VN	COUNTY	STATE
	Burial		3/11/	85 E	vergr	een Mem. Pa	rk Finks	burg	Carroll	
24 F	UNERAL DIRECTOR			ADDRESS			TE REC'D. BY REGIST	RAR 256 REGIS	STRAR'S SIGNATUR	RE
M	artin D. I	Laws	on. 10		nia R	d. 21093	MAR 5 10	SE Colle	Buchtman !	Romante.

DHMH - 16 60M 7/84 (VRA 15, 4)

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0	1 -	FOR STATE	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTA CERTIFICATE OF DEATH		0	6 8	3 8
4		REGISTRAR CEASED NAME FIRST OR PRINT)	MIDDLE	LAST	REG. N 20 DATE OF DEATH	MONTH DA	AY YEAR	26 HOUR 7
		PEGGY	ELIZABETH	CRISMAN	March 14,	1985	15.75	11:30 M
100	3. SE	X	4. RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BI		FUNDER I YEAR	IF UNDER 24 HRS
		Female	White	June 17, 1906	78	YRS.	JAINS DAIS	MIN.
90		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?		- 9 BALTIMORE CITY O	OR COUNTY C	OF DEATH	
53		rginia	USA	WIDOWED DIVORCE		Counts	7	MD
		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI	NG HOME OR OTHER INSTITUTIO	N 120 USUAL OCCUPAT	ION	126. KIND OF	BUSINESS OR
0	Wh	ite Marsh	11242 Red Lion	Road	Housewife	E WORKING LIFE)	INDUSTRY	
35	13a. S	AL RESIDENCE (IF NURSING HOME O STATE 136 COU Laryland Bal		N 13d. INSIDE CITY LIM	44040 -		Road	21162
		THER'S NAME		15. MOTHER'S MAID	ENNAME	22011		
30)	George	Luther Hau	n Mary	Elizabet	+h	Rau	
	16a V	VAS DECEASED EVER IN U.S. AI			ADDR			
	,		IVE WAR OR DATES)		Casi aman 104	T T-	2077	0
		no I	218-26-8		Crisman, 104	TAN TO	APPROXIM	AATE INTERVAL
, co		PART I. DEATH WAS CAUSI		Cardiac	arrest.	Cir	elen d	NSET AND DEATH
D D		IMMEDIA	TE CAUSE (a)	-				EAI
		C 193	DUE TO, OR AS A CONSEQU	ENCE OF Angina, Co	m name and d	lic -	342	2 .
		Conditions, if any, which gave rise to immediate	(b)	711071101700	io. io.		>1.	
		underlying couse last.	DUE TO, OR AS A CONSEOU	ENCE OF			100	
			(c)					
	Z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE	E TERMINAL DISEASE OR CON	IDITION GIVEN	N IN PART Tra	
	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES	WERE FINDING	GS LISED
)	FIC			The state of the s		IN CERTIFY	ING CAUSES	OF DEATH?
San,	ERT	710 ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	I 21/ HOW IN HIPV O	CCURRED (ENTER NATURE OF INJU	YES YES	L	NO []
7		OR CONTRIBUTING CAUSE OF DE	- 110110 1 11 11011711 0	AY YEAR	CONNED LENTER NATURE OF INJU	IN TEM 18 PAR	OKPART 2)	
1	ICA	(IF EITHER NOTIFY MEDICAL EXAMINE		19	100			
1	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	PARM ETC) 211 LOCATION STREET	CITY OR TO	OWN	COUNTY	STATE
	<	AT WORK AT WORK						
			oital) attended the deceased fram.	3 - 7 19_	85 10 3-1	15	9 85 1	nat (I) (we) last
		saw the deceased alive ar above, (1) (we) (did) (did no	n 3 A 1 19 19 19 19 19 19 19 19 19 19 19 19 1	and that in (my) (our) o	pinion death accurred on the d	ate and hour	and from the c	auses stated
		22% SIGNATURE DO	10/	DEGREE			221 DATES	IGNED
		166	1	MD . ATTEND	ING MEDICAL STA		Mar.	15, 1985
		22d PHYSICIAN'S NAME (TYPE	OR PENTI)	22e ADDRESS	By oweelow [] 11113W	- H W - L		10, 100.
		B. D. Parekh,	M.D.	1908 Harfo	ord Road, Falls	ston. M	id. 210	47
	22- 0	UIDIAL CREMATION REMOVAL		NAME OF CEMETERY OR CREMA		20.1, 1	210	

23c. NAME OF CEMETERY OR CREMATORY

1908 Harford Road, Fallston, Md. 21047 23d LOCATION

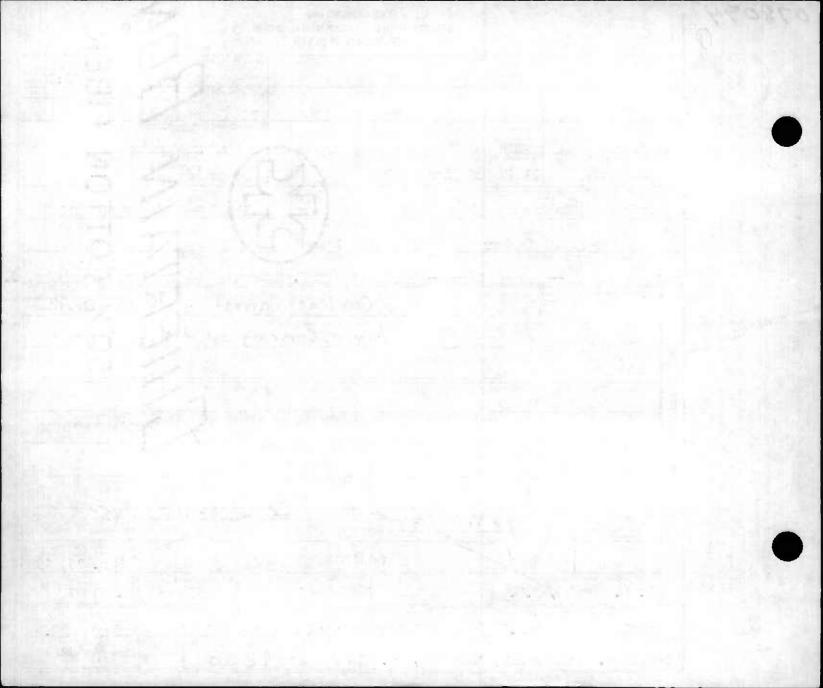
Md.

Bel Air Memorial Gardens, Bel Air Harford Mc
250 DATE RECID. BY REGISTRAR 256 REGISTRAR'S SICHATURE Burial Mar.16,1985 24 FUNERAL DIRECTOR Howard K. McComas III, Abingdon, Md. 21009

23b. DATE

DHMH - 16 60M 7/84 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL



FOR STATE REGIS

B and completely filled in by the funeral direct Pages] and 2 should be filed within 72 hours injury, or other troumotic

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician should be detached for use as the burial-transit permit. Then please remove carban papers. P with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

with the State Department of the Manual Manual Manual Manual Is marked or Item 18 shows any BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF DEPARTMENT OF HEALT CERTIFICAT

MARYLAND H AND MENTAL HYGIENE	5	0	6	8	3	9
TE OF DEATH	REG. NO.					

250 DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE

	REGISTRAR				Land Inc.		REG. N	0		
I. DE	CEASED NAME FITTING EOR PRINT) /MOBER	ogene	Koon	s C	Cross RUS	S	20 DATE OF DEATH	MONTH DA	85	12: 40
3. SE	Female		/ hite	5. DATE O		YEAR 14	6 AGE (INTERSTACT BIR	YRS.	UNDER 1 YEAR	IF UNDER 24 HRS
	IRTHPLACE (STATE OR FOREIGN COUNTRY)	US		MARRIE WIDOWI	DI	AARRIED	Count	1-13	ALT.	O M
	TOWSON	Step	HOSPITAL, NURSING HEACILITY, GIVE STREET A	ADDRESS]	OR OTHER INST	itution ICC	120 USUAL OCCUPATO (TYPE OF WORK FOR MOST OF Homemak	F WORKING LIFE)	126. KIND (INDUSTRY	OF BUSINESS OF
USU 13a.	AL RESIDENCE (IF NURSING HOME OF STATE 136. COU!		GIVE RESIDENCE BEFORE 13c. CITY OR TOWN Timoniu	N	13d INSIDE C	NO D	3ª STREET ADDRESS	ZIP CODE	UOK	1093 Rp
	Cadwalader	MIDDLE	KOON	15	Ama		Imoge		1/49/	ns
(WAS DECEASED EVER IN U.S. AR YES NO OR UNKNOWN) (IF YES GIV NO	MED FORCES?	166 SOCIAL SECUI	-37 SC	Mr.		th R. Cros	s, 15		
H	18 CAUSE OF DEATH LEnter of PART I. DEATH WAS CAUSE IMMEDIA	nly one couse per D BY: TE CAUSE (o)	BRAIN	0 -	ET ATK	25/5	21	093	BETWEEN	OMATE INTERVAL ONSET AND DEATH
	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	(b)	R AS A CONSEQUE R AS A CONSEQUE	LON						
NO	PART 2 OTHER SIGNIFICANT	conditions <u>cc</u>	ONTRIBUTING TO D	EATH BUT	NOT RELATED	TO THE TERMI	inal disease or con	DITION GIVEN	V IN PART 1	0
CERTIFICATION	190 DATE OF OPERATION	196 COND	TION FOR WHICH	OPERATIO	N WAS PERFO	RMED	200 AUTOPSY?			NGS USED S OF DEATH? NO []
MEDICAL CER	210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	R) P	m. month da m.	Y YEAR			ED (ENTER NATURE OF INJUI	RY IN ITEM 18 PAR	T 1 OR PART 2}	
MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE	OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC }	211 LOCATIO)N	CITY OR TO	wn	COUNTY	STATE
	220.1 certify that (I) (this hasp saw the deceased alive or above, (I) (we) (did) (did no	3-19	10 8	5 , 0	nd that in (my)	(our) opinion o	to 3-19 death occurred on the de	ote and hour o		that (I) (we) lo
	OY RPa	wen	eins	>	DEGREE	TTENDING PHYSICIAN	MEDICAL STAI DIRECTOR X PHYSIC	F IAN 🗌	3-19	2-85
	Kendall R.		r, M.D.		22e ADDRES	Stella	Maris-2300	Dulan	ney Va	lley Rd
23a	BURIAL, CREMATION, REMOVAL (SPECIFY)	23h DATE 3/20/			ew Cre	REMATORY	y Catonsv	lle B	alto.	Md.

E. Loyell Lemmon, 10 W. Padonia Rd.

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tely that in by the funeral director.

STATE OF MARYLAND

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RSON RD

1 -	FOR STATE REGISTRAR			DEPARTA		IEALTH AND MENTAL HYO	GIENE Ö 5	0	6	3 4 0
	CEASED NAME	FIRST	M	IGOLE	L	AS1	20 DATE OF DEATH	MONTH DA	Y YEAR	26 HOUR
,,,,,	. OK TRINITY	Esther	Ar	าท	CF	RUM	March 18,	1985		1:30 pm
3. SE	X	4	RACE		5. DATE C		6. AGE (IN YEARS LAST BIR		UNDER I YEAR	
1	5		w	^	MONTH	5/24/04	80	YRS.	NIHS DAYS	HOURS MIN
	RTHPLACE (ST.	ATE OR FOREIGN 76.	CITIZEN OF V	A COUNTRY?	MARRIE WIDOWE		9. BALTIMORE CITY O Baltimo			MD
20 C	OSSUIL	-	IF NOT IN SUCH	OSPITAL, NURSIN FACILITY, GIVE STREET A	G HOME C ADDRESS)	DR OTHER INSTITUTION	12a USUAL OCCUPATI (TYPE OF WORK FOR MOST O HSWE		12b. KIND C INDUSTRY	OF BUSINESS OR
USU/ IBa. S	AL RESIDENCE I	IE NUISINO HONE ON DI VIII A COUNTY	25-ORD	GIVE RESIDENCE BEFORE 131. CITY OR TOW BELAIR	AOMISSION)	13d INSIDE CITY LIMITS?	13. STREET ADDRESS	ZIP CODE	93	21014
4 FA	HOWAF	RD 1.	HARI	RIS LAST		MARY	PHELI	25	LAS	ST
16a. V	VAS DECEASED YES, NO OR UNKNOV	EVER IN U.S. ARME VN) (IF YES, GIVE W	D FORCES? PAR OR DATES)	22009	8900	WM, E, C	CRUM JR	50	HEN	OERSON
	PART I. DEA		CAUSE (a)	Cardi	opulm	nonary Arrest ructive Pulmor	nary Disease		BETWEEN	XIMATE INTERVAL ONSET AND DEATH
	gave rise to immediate couse (a), stating the underlying cause last. (c) DUE TO, OR AS A CONSEQUENCE OF									
NOI	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 is									
CERTIFICATION	19a DATE OF C	PERATION	19b. CONDIT	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO[X] YES NO[X] YES NO[X] YES NO			
MEDICAL CE	OR CONTRIBUTION	YAS UNDERLYING G CAUSE OF DEATH FY MEDICAL EXAMINER)	21b. TIME OF HOUR A.A P.A	A. MONTH DA	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PAR	I OR PART 2)	
MEDI	21d INJURY OF	CCURRED NOT WHILE AT WORK	21e. PLACE C	OF INJURY SET, FACTORY, OFFICE F		211 LOCATION STREET	CITY OR TO	10	COUNTY	STATE
	abave, (*	nat X (this hospital eceased alive an (we) (did) (did)			85	.n 1685 nd that in (🎉) (aur) apinian	death accurred on the do			
	226. SIGNATUR	Oriska N'S NAME (TYPE OR PI	ne.	lson	w.	DEGREE ATTENDING PHYSICIAN [MEDICAL STAR DIRECTOR PHYSIC		3/	18/85
		riska Nel).	True		lin Square D	r., 21	237	

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR. . should be detuched for use with the State Dept. of Hea

MPCRTANT

230. BURIAL, CREMATION, REMOVAL 3/21 23c. NAME OF CEMETERY OR CREMATORY

23d LOCATION
CITY OF TOWN
BALT

STATE

24 FUNERAL DIRECTOR

CONNELLY

STATE OF MARYLAND

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages April 2 should be filled within 72 hours oft with the State Dept of Health and Mental Hygiene prior to burial, crematian, or removal.

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IMPORTANT: If Item 21 is morked or Item 18 shows ony injury, or other troumotic event, the

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STATE OF MARYLAND	11
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	O
CERTIFICATE OF DEATH	

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	0	4	-	Size.

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	FOR STATE REGISTRAR		IT OF HEALTH AND MENTAL HYG ERTIFICATE OF DEATH	REG. NO.	3 4 2					
ı	1. DECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH DAY	YEAR 2b HOUR					
1	(TYPE OR PRINT)	STANLEY	CURLEY	MARCH 16, 1985	4:10 a M					
ı	3. SEX		DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY) IF	UNDER LYEAR OF UNDER 24 HRS					
	MALE	WHITE J	UNE 25, 1915	69 YRS.	THS DAYS HOURS MIN.					
1	7a. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY? 8	MARRIED TO NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF	DEATH					
1	MARYLAND	U.S.A.	IDOWED DIVORCED	BALTIMORE COUNT	Y MD.					
	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING H	HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	126 KIND OF BUSINESS OR					
7	FORT HOWARD	VA MEDICAL CENTE	ZR	TRUCK DRIVER	- 4 -0					
)	13a STATE U6 COUR		ISOLINSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CODE 7495 FURNACE BRAN	ICH ROAD APT C					
1	H FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA	WE	LAST					
	ADAM	ZELKOSKI	WALEN	TA SZ	USKOWSKA					
7	160 WAS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIAL SECURITY	YNO. 17 INFORMANT	ADDRESS						
1		II 212 05 326	8 CLIN. RCDS.	VAMC, FORT HOWARD,	MARYLAND					
1	18 CAUSE OF DEATH (Enter or	18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)								
	PART I. DEATH WAS CAUSE	ED BY: TE CAUSE (0) CARDIA	C ARREST		SECONDS					
		DUE TO, OR AS A CONSEQUENC	E OF							
	Conditions, if ony, which	(cache	XIA		1 YEAR					
	gove rise to immediate couse (a), stating the underlying cause last	couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF								
		CONDITIONS CONTRIBUTING TO DEA	IN PART Ita							
	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH OP	ERATION WAS PERFORMED		VERE FINDINGS USED					
1	RILE			YES NOTE YES	NO [
7			YEAR 21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 PART	I OR PART 21					
	(IF EITHER NOTIFY MEDICAL EXAMINE	P.M.	19							
ı	OR CONTRIBUTING CAUSE OF DE-	216 PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE FARM	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE					
ı	220.1 certify that No (this hospi	ital) attended the deceased from	3-9 19.85		85 that in (we) lost					
ı	sow the deceased alive on	3-16 N4 view the body ofter death.	ond that in (our) opinion	death occurred on the date and hour o	nd from the causes stated					
ı	22h SIGNATURE	view the dody offer deoffi.	DEGREE		22c. DATE SIGNED					
ı	Tiero G. Avi	tvono	MD ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	3-16-85					
	22d PHYSICIAN'S NAME (TYPE C	OR PRINT)	22e ADDRESS							
	P. ANTUO	NO, M.D.	VAMC, FORT	HOWARD, MARYLAND 2	1052					
	230 BURIAL, CREMATION, REMOVAL (SPECIFY)	236 DATE 23c. NAM	AE OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	OUNTY STATE					
	Burial	Mar.19,1985 Rose	edale Cemetery		rkeley W.Va.					
J	24 FUNERAL DIRECTOR	-305 N. Potomac S	Host Md MAR	260 005 STRAN HE REPASTRA	R'S SIGNATURE					
q	werald w. Minnich	-JUJ N. POTOMAC 5	ne HEBBeauce	- 0	1					

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

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ATTEN

080190		FOR STATE REGISTRAR CEASED NAME CATHE	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 5 0 6 CERTIFICATE OF DEATH REG. NO. RINE ELIZABETH CZOSNOWSKI 120 DEATH MONTH DA	8 4 3
be 3 eath	(TYP	PATHERIN		
ge 4 may	3 SE		4 RACE S. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF	FUNDER LYEAR IF UNDER 24 HRS. DNTHS DATS HOURS MIN.
death. Po		CUALIFAM	76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED BALTIMORE CITY OR COUNTY OF WIDOWED DIVORCED BALTIMORE	COUNTY M
by life	7	OWSON	(IF NOT IN SUCH FACILITY, GIVES IRET ADDRESS) ST. JOSEPH HOSPITAL 120. USUAL OCCUPATION (IT PE OF WORK FOR MOST OF WORKING (IFE) Machine Operator	126 Oromius Corner INDUSTRY Seal Co.
filled in hould be	130. M	10000	TIMORE 136. CITY OR TOWN 13d INSIDE CITY LIMITS? 136. STREET ADDRESS / ZIP CODE 1417 KENT R	20AD 2/22/
ompletely of 22 s	14 F	ATHER'S NAME FIRST Martin		LAST
Poges I			MED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS E WAR OR DATES) 219-14-40-10 Adam F. Czosnowski, Husband	Same
physicic on popers emovol.		PART I. DEATH WAS CAUSE	ly one couse per line for (o), (b), and (c).) D BY: E CAUSE (a) CARDIAC ARREST	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH MINUTES
death ce ottending ove carb otton, ar r roumatic		Conditions, if ony, which	DUE TO, OR AS A CONSEQUENCE OF ALVEREPLACEMENT	HOURS
that the d by the eose rem al, cremo		gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE OF BORTIC VALUE STENOSIS	YEARS
equires n signe Then pl r to buri	ATION	PART 2 OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN	N IN PART 110
ton. the fow reconstructions only	CERTIFICAT	3-8-85		WERE FINDINGS USED ING CAUSES OF DEATH?
SICIAN: T ng physici certificate rirol-tronsi entol Hygi		210 ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA		T I OR PART 2)
ottending ter this c is the bur h and Me	MEDICAL	216 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) 21f LOCATION STREET CITY OR TOWN	COUNTY STATE
A A A O DIA		220 Legetify that (this hasnit	tal) attended the deceased from 3-7-33 to 3-8-19	that (I) (we) los

TO FUNERAL DIRECTOR: should be detoched for us with the Stote Dept. of He etoined by the hospitol IMPORTANT: If Item 21 is BP. DHMH - 16 60M 7/B4 (VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL 3/12/85 mizdzinski Funeral 1407 Old Eastern Ave

sow the deceased after an obove, (1) (we) (did) (did not) view the body after death.

REYNALDO ORJUELA-GOMEZ, M.D.

23c NAME OF CEMETERY OR CREMATORY Sacred Heart of Jesus

22e ADDRESS

DEGREE

ATTENDING PHYSICIAN

234 LOCATION Baltimore Co. . Md.

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

MEDICAL STAFF
DIRECTOR PHYSICIAN

STATE

22c. DATE SIGNED

-9-85

The manager of the line of the state of the

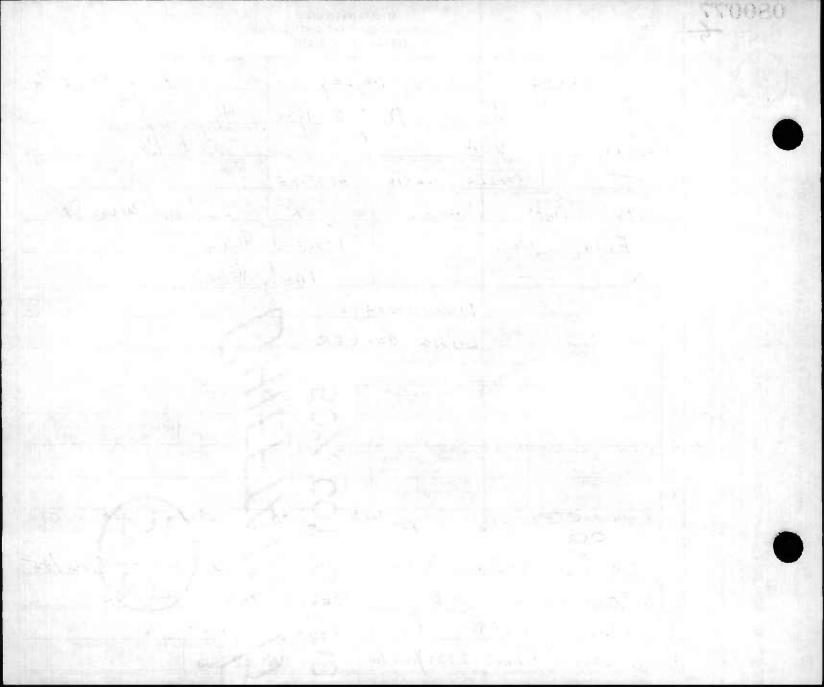
Committee and enhanced and account of the Committee Comm

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080077				STATE OF MARYLAND	6 E C	4 0 1 1
4	L.	FOR	DEPA	RTMENT OF HEALTH AND MENTAL I	HYGIENE D	00 4 4
7	1 -	STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
		EASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH MON	TH DAY YEAR 26. HOUR
(48 3	TITPE	OR PRINT)	TA LOU	PAILEY	3	16 85 8 AM
	3. SEX		4. RACE	S. DATE OF BIRTH	6. AGE IN YEARS LAST BIRTHDA	() IF UNDER TYEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
9 9 1		r	W	Ayel 20 193		YRS.
Profession Po		PES VIRGINATE	76. CITIZEN OF WHAT COUNTS	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR CO	DUNTY OF BEATH
1 1 977	10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR	SING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	12b. KIND OF BUSINESS OR INDUSTRY
10 to # 45 GV	1			ARLS HOSPIC	_	01/16/
ND 21201		TATE 13b. OU	ROTHER INSTITUTION, GIVE RESIDENCE BE	OWN 13d. INSIDE CITY LIMITS	130. STREET ADDRESS IZI	CODE MEADOW DR
MARYLAND ad within 24 and within 24 and 2 should	14 FA	THER'S NAME	MIDGLE LAST	15. MOTHER'S MAIDEN	NAME WILLIAMS	LAST
		AS DECEASED EVER IN U.S. A			ADDRESS	
MORE, and condition medicol	17	ES, NO OR UNKNOWN) IF YES, GI	IVE WAR OR DATES)	tan	1/4 (ECORDS	
BALTIMORE. cote be executory sicion and cropers. Pages invol. wol. 11, the medical		18 CAUSE OF DEATH (Enter o	only one cause per line far (o), (b)	ond (ci.)		BETWEEN ONSET AND DEATH
T., ph		PART I. DEATH WAS CAUS	TE CALISE (2) PADEU	MONIA		
			DUE TO, OR AS A CONSE	OUENCE OF CANCER		
PRESTON in death ce death ce emove corb in matian, or retroumotics;		Conditions, if any, which	(b) LON	G CANCER		
d the series		cause (o), stating the underlying cause last.	DUE TO, OR AS A CONSE	OUENCE OF		
201 W ss that ed by please oriol, cr			CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE T	FRMINAL DISEASE OR CONDITI	ON GIVEN IN PART 1101
to bu	Z	TAKI 2 OTTEK SIONI ICAN	CONDITIONS CONTINUES IN CONTINUES			
DIVISION OF VITAL RECORDS, 201 NG PHYSICIAN: The law requires the other ding physicion. The baw requires the there has been signed be so the buriol-tronsit permit. Then pleo the ond Mental Hygiene prior to buriol, orked or the page 8 shaws ony injury, or orked or the page 18 shaws ony injury, or or or the page 18 shaws ony injury, or or or the page 18 shaws ony injury, or or or the page 18 shaws ony injury, or or or the page 18 shaws ony injury, or or or the page 18 shaws ony injury, or or or the page 18 shaws ony injury, or or or the page 18 shaws only injury, or or or the page 18 shaws only injury.	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WH	ICH OPERATION WAS PERFORMED	IN IN	LIF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?
TAL The icion the horse however show		210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c HOW INJURY OC	YES NO CURRED (ENTER NATURE OF INJURY IN	YES NO NO NITEM 18 PART 1 OR PART 2)
NO OF VITAL SICIAN: The ling physicion to a centricate the word in the series of the s		OR CONTRIBUTING CAUSE OF O	EATH HOUR A.M. MONTH	DAY YEAR	(Enterview of the second	
PHYSICIA ending ph this certifi te burial-ti ad Mental	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	21e. PLACE OF INJURY	211. LOCATION	CITY OR TOWN	COUNTY STATE
DIVISION PER THE THE STREET STREET PER STREE	Ž	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFF	CE, FARM ETC) STREET	CIII OK TOWN	
3 0 0 0 E		22a.1 certify that (1) this hosp	pital attended the deceosed fro	4	8.5 to 3/16	19 85, that (1) (we) last
Spito CTOP for 1		saw the deceased alive o above, (I) we (III) (did n	on 3/6 1		nian death occurred on the date of	and have and from the causes stated
AL OR ATTEN y the hospital AD DIRECTOR detached for un tote Dept. of He UT: If Hem 21 is		22b. SIGNATURE	01. 0	DEGREE ATTENDIN	G MEDICAL STAFF	22c. DATE SIGNED
, 4 , 4 0		224 PHYSICIAN'S NAME CLYPE	lever!	PHYSICIA 22e ADDRESS		3/16/86
O HOSPITAL O HOSPITAL Februard by the from the Stote with the Stote MPORTANT:					MARIS +	IOS PICE
TO HOSP retained I TO FUNE should be with the \$1 IMPORTA	22- 4	K. FAULKN		STELLA 31. NAME OF CEMETERY OR CREMATO		00 / / 00
BP	234	(SPECIFY)	1-18-85	GREENMOUNT LEN	27/4/	AND COUNTY STATE
DHMH - 16 50M 4/83	24 F	UNERAL DIRECTOR	1/11.	. 1 . 1 250	DATE REC'D. BY REGISTRAR 256.	REGISTRAR'S SIGNATURE
(VRA 15, 4)	E	VONS Chapel of	F Chines 23025	" JORK NU	MAR 1 9 1985	TO THE STORAGE



085126

FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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	0	0	7	9

	NEO IO I NAIR						REG. N	0.		
	DECEASED NAME FIRST A	7111151	MIDDLE	- "	Dale	У	20 DATE OF DEATH	MONTH	DAY YEAR	25. HOUR
1	ANA	VA	M .	Di	BLEY			3	14 85	18.38
3. 3	SEX	4. RACE		5. DATE O			6. AGE (IN YEARS LAST BIS	(YAGHTS	IF UNDER 1 YEAR	IF UNDER 24 HRS
L	Female	Cauc	asian	монтн	1 °30	*E\$6	88		MONTHS DAYS	HOURS MIN.
7a.	BIRTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8			9. BALTIMORE CITY C	OR COUN		
	COUNTRY)				NEVER MA			_		
1	Maryland CITY OR TOWN OF DEATH	U.S.	A . HOSPITAL, NURSIN	WIDOWE	423	RCED [Baltimo			F BUSINESS O
T"		(IF NOT IN SUC	CH FACILITY, GIVE STREET	ADDRESS)			(TYPE OF WORK FOR MOST O	OF WORKING	GLEET INDUSTRY	
L	Randallstown		more Co		Gen. F	losp.	Housewi	<u>fe</u>	Ho	me
	UAL RESIDENCE (IF NURSING HOME O		134 CITY OR TOW Catons	N I	13d INSIDE CITY	LIMITS?	13e STREET ADDRESS Forest H	ZIP CO	DDE NH 21	228
14.	FATHER'S NAME	JIMOI C	1 00 00115	*****	15. MOTHER'S A	0.5		2 4 6 1	1 1111 21	
)	Joseph	WIDDLE	Brown	ELE	Ma	ry	MIDDLE		Burr	
160	WAS DECEASED EVER IN U.S. AF	RMED FORCES?	166 SOCIAL SECU		17 INFORMAN		ADDR		P.O. Bo	x 3235
п	(YES NO OR UNKNOWN) (IF YES, GE	VE WAR OR DATES!	213-30	-9646	Willi	am J	. Daley J	r. (Catonsv	ille
F	18 CAUSE OF DEATH (Enter o	nly one couse per	line for (a)-(b), and	d rc-					APPROX	MÁTÉ INTERVAL ONSET AND DEATH
1	PART I. DEATH WAS CAUSI	EĎ BY: (TE CAUSE 10)	P	mo	nes.	50	pais			4 das
н	IMMEDIA					//				1
П	Candidana II	DUE TO, O	R AS A CONSEQUE	NCE OF						
П	gave rise to immediate	Conditions, if any, which (b)								
1	cause (a), stating the underlying cause lost.									
П	(c)									
2	PART 2. OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO E	DEATH BUT	NOT RELATED TO	O THE TERMI	INAL DISEASE OR CON	DITION	GIVEN IN PART 11	5.
CERTIFICATION		1.0. 50.15		0050 4710	THE SERVER		Ton AUTORCY?	Took If i	VEC MEDE EN IDA	ICC LICED
12	190 DATE OF OPERATION	196. COND	196. CONDITION FOR WHICH OPERATION WAS PERFORMED			20a AUTOPSY?		YES, WERE FIND# RTIFYING CAUSES		
1 5							YES NO		YES 🗌	NO 🗌
		110110 1	OF INJURY .M. MONTH DA	YEAR	21c HOW INJU	RY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM I	IB PART I OR PART 2]	
13	(IF EITHER NOTHY MEDICAL EXAMINE		M.	19						
MEDICAL	21d INJURY OCCURRED	21e. PLACE	OF INJURY REET, FACTORY, OFFICE, F	ARM FIC I	21f. LOCATION		CITY OR TO)WN	COUNTY	STATE
13	AT WORK NOI WHILE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		All Live y	1000				1 1	
ш	22a.t certify that M (this hosp	220.1 certify that M (this hospital) attended the deceased from								
1	saw the deceased alive or	saw the deceased olive on 19 25, and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated above, (f) (we) (did) (did not) view the body after death.								
н	22b. SIGNATURE	dr) view the body	1 in	[DEGREE				22c. DATE	SIGNED
1	eson of the man attending MEDICAL STAFF 3/14/86									
1	224 PHYSIPIAN'S NAME THE	PHYSICIAN DIRECTOR PHYSICIAN 220 ADDRESS								
1	1/1.//	BCCH								
-	Young	-	NO M	(.D.		,	C1 C2.	, (,		
23	a. BURIAL, CREMATION, REMOVAL (SPECIFY)				EMETERY OR CR		23d. LOCATION CITY OR TOWN		COUNTY	STATE
L	Cremation	3-15	5-85 S	ecur	ity Pro		Balti			Md.
	FUNERAL DIRECTOR		ADDRESS			25a. DATE	REC'D. BY REGISTRAR	F	No.	URE
N	lack abb Funer	ral Hom	e Cato	nsvil	lle Ma	MAR	21 1005	way &	audson-Re	nd 20

DHMH - 16 50M 4/83 (VRA 15, 4)

should be detached for us with the State Dept, of He IMPORTANT, if Hem 21 is

this certificate has been signed by the attending to burial-transit permit. Then please remove carbot

TO HOSPITAL OR ATTENDING PHYSICIAN The

etained by the haspital or TO FUNERAL DIRECTOR: A

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Se 6 3 91			
	promite for		g 47 165 - 0
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1 38378 H Turn		Jos Brancos aren't le	1
Tende of			= 1 32 G
and were	er verd in care	M CHAIL ETT. 12	
13			
F.,			

executed within 24 haurs after deoth. Page

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

6

1	1.	FOR STATE			HEALTH AND MENTAL HY	GIENE		
ı	L.	REGISTRAR		CERT	IFICATE OF DEATH	REG. NO.		
		CEASED NAME FIRST		MIDDLE	LAST	20. DATE OF DEATH	ONTH DAY YEAR	26 HOUR
	1	M. PATHLEEN		11	ACY	3	10 85	S. W
	3. SEX		4 RACE		OF BIRTH	6. AGE (IN YEARS LAST BIRTHE	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
1	1	7	W	MOI		82	YRS.	HOURS MIN.
1		RTHPLACE (STATE OR FORFIGN	76. CITIZEN OF	WHAT COUNTRY? 8.		9 BALTIMORE CITY OR		
7		aryland	USA	WIDON	NED NEVER MARRIED X	BALTO	COUNTY	MD.
ij		TY OR TOWN OF DEATH		HOSPITAL, NURSING HOME		12a USUAL OCCUPATION	N 126. KIND OF	F BUSINESS OR
9	101	USON mx. 1	(IF NOT IN SUC	H FACILITY, GIVE STREET ADDRESS)	TAL-	Retired		Gov't.
4	USUA	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION	GIVE RESIDENCE BEFORE ADMISSION	v)	Stenograp	her	GOV L.
	Ma.S	1,77 0.00	11Y	13c. CITY OR TOWN	13d INSIDE CITY LIMITS?	13e.STREET ADDRESS / Z	ZIP CODE	20
9		ryland V		B ltimore	YES NO 15. MOTHER'S MAIDEN NA	Marble Ha	11 Rd. 212	39
1	5''	FIRST	MIDDLE	EAST	FIRST	MIDDLE	LAST	
d		John Daly		In again against		eth O'Brien		
			E WAR OR DATES)	16b SOCIAL SECURITY NO	17 INFORMANT		lla Maris	
1		No		220-38-6384	A Msgr. John J	J. Daly Tow		1204
		18 CAUSE OF DEATH (Enter or PART), DEATH WAS CAUSE	ly one couse per	line for (a), (b), and (c).	*	00 a v v	APPROXIM BETWEEN O	MATE INTERVAL
			E CAUSE (o)	Cardio	esperday	arrest	10	m
			DUE 10, 0	R ASA CONSEQUENCE OF	1			/
		Conditions, if ony, which	0.0	Old next	reglone			Loure
		gove rise to immediate cause (a), stating the	DUE TO, O	R AS A CONSEQUENCE OF	_)_/.	1 - 1	n - 7	
		underlying couse lost.	(c)	nonfuncte	NA	sec prone	eprine #	-22-20-
		PART 2 OTHER SIGNIFICANT	ONDITIONS CO	ONTRIBUTING TO DEATH BE	JT NOT RELATED TO THE TERM	AINA DEL ASE A CONDIT	TION GIVEN IN PART 110	
	CERTIFICATION	Store	an it	hoodre	50			
7	CAT	190 DATE OF OPERATION	196 COND	TION FOR WHICH PERAT	ION WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDING CAUSES	GS USED
	Ě	3/10/85	Inka	ted many	veting it has	YES NOT	YES []	NO P
	GE	210. ACCIDENT WAS UNDERLYING			21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY I	N ITFM 18 PART 1 OR PART 2)	
		OR CONTRIBUTING CAUSE OF DEA						
	MEDICAL	21d INJURY OCCURRED	21e. PLACE	OF INJURY	211 LOCATION	200		
	X	WHILE NOT WHILE AT WORK	(AT HOME, ST	REET, FACTORY, OFFICE, FARM, ETC.)	STRFET	CITY OR TOWN	CORNIA	STATE
		220 I certify that (I) (this hospi	tal) attended th	e deceased from Ma	12 1085	10 March	70 10 PS	hat (I) (we) lost
		sow the deceased plive on	Moret	-10 19 FS	and that in (my) (our) apinion	death accurred on the date		Change Control
	ш	obove, (I) (we) (did) (did no	t) view the body	ofter death.	DEGREE		22c DATE S	SIGNED
		Bull.	The	t mo	ATTENDING	MEDICAL STAFF	7/11	100
_		22d BHYSICIAN'S NAME (TYPE O	ID DO INITIO			DIRECTOR PHYSICIA	_	/13
		J.WAUTER	Sny	TH , W75	5801 LOCH A	BAURN BLU BALTO	000 212	39
	23a B	URIAL, CREMATION, REMOVAL	23b DATE	231 NAME OF	CEMETERY OR CREMATORY	23d LOCATION		
	(1	Burial	3/13/	85 New	Cathedral	Baltimore	City Mary	land.
	24 FU	INERAL DIRECTOR		6500	Vant Dd 250 QA	TE REC'D. BY REGISTRAR 25	REGISTRAR'S SIGNATE	JRE
	Mit	tchell-Wiedefe	Ld Home	Inc. Balto.	. Md .21212 M	AR 1 8 1985	come Davidson-B	andell
					- T			

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and should be detached for use as the burial-transit permit. Then please remave corbon papers. Page: with the State Dept. of Health and Mental Hygiene prior to burial, cremotian, or remaval. IMPORTANT: If them 21 is marked or thermals show sany injury, ar ather traumatic event, the

TO HOSPITAL OR ATTENDING PHYSICIAN: The law

or attending physicion.

retained by the haspital

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 6841

1	- STATE REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO	D.	
	CEASED NAME FIRST		WIDDLE		ANNENEEL CED		4, 1985	2b HOUR 8:00P
	7 11 11 100	ANNIE)			ANNENFELSER			M
1.58	X	4 RACE		5. DATE C		6 AGE (IN YEARS LAST BIR	MONTHS MONTHS	DAYS HOURS MIN.
200	MALE	CAUCA	SIAN	03	28 1895	89	YRS.	
7a. B	IRTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8.	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEA	TH
MA	RYLAND	USA		WIDOWE		Baltimon	re County	MD
10. ⊂	ITY OR TOWN OF DEATH				OR OTHER INSTITUTION	120 USUAL OCCUPATE		IND OF BUSINESS OR
RO	SSVILLE	FRANK	LIN SQUA	TRE' H	HOSPITAL	"HOUSEWI'F	E	JSTRY
13e. [V]	AL RESIDENCE IF NURSING HOME OF STATE 136 COL IARYLAND BALLI	OR OTHER INSTITUTION		ADMISSION)	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / RTVERVTEW	ZIP CODE	G HOME
14. F/	ATHER'S NAME FIRST	WIDDIE	SADOWSK	ΚΙ	15. MOTHER'S MAIDEN NA/	WE		LAST
	WAS DECEASED EVER IN U.S. A	RMED FORCES?	166. SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRE	SS	
,	NO	SIVE WAR OR DATES	274266	567	AMELTA KAS	MER 1310	THIRD	ST.
	Canditions, if any, which gove rise to immediate couse [a], stating the underlying cause last. PART 2. OTHER SIGNIFICANT	(b)	R AS A CONSEQUE ASPIRATION R AS A CONSEQUE DONTRIBUTING TO E	n – P		inal disease or coni	DITION GIVEN IN P	ART 110
CERTIFICATION	19a DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO	206. IF YES, WERE IN CERTIFYING C. YES [FINDINGS USED AUSES OF DEATH? NO []
MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN 214. INJURY OCCURRED		M. MONTH DA M. OF INJURY	19	21c. HOW INJURY OCCURE 211. LOCATION			
MED	WHILE NOT WHILE AT WORK	(AT HOME, ST	REET, FACTORY, OFFICE, F	ARM, ETC.)	STREET	CITY OR TO	wn cou	NTY STATE

23c. NAME OF CEMETERY OR CREMATORY

HEART

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR uld be detach the State De ORTANT, # PA

236. DATE 3/7

/85

230. BURIAL, CREMATION, REMOVAL BURTAL

SACRED

BALTO. **JESUS**

BALTO.

MD.

250 DATE REC'D. BY REGISTRAR 250, REGISTRAR'S SIGNATURE

MAR 6 1985 Fiche Davidson-Rindske

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11 1-2 By

0	77	0	3	3
		In		

within 24 hours after death. Page 4

death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the hospital or ottending physician.

director, page 3

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

0	6	S	4	8

1. DEC					CATE OF DE		REG.	140.		
(TYPE	CEASED NAME FILE	RST	MIDDLE	LAS	ST .		20. DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
,	Hele	en	DAF	RDFN			March 12	1985		1.30
3. SE	X	4 RACE		5. DATE OF	BIRTH	VEAD	6. AGE (IN YEARS LAST	BIRTHDAY)	MONTHS DAYS	
	Female	White	2	Nov.	30	1896	88	YRS	WOMING DAYS	HOURS
	IRTHPLACE (STATE OR FORE)	GN 76. CITIZEN OF	WHAT COUNTRY?	8.	NEVER MA	PRIED T	9 BALTIMORE CITY		TY OF DEATH	
P	oland	USA		WIDOWED	1.0	ORCED	Baltimo	re. Co	ounty	
II CI	ITY OR TOWN OF DEATH		HOSPITAL, NURSIN		OTHER INSTIT	UTION	12a USUAL OCCUP.			OF BUSINES
Ba	ltimore		in Square		ital		Storekee		(FE) NADOSTK	300
	AL RESIDENCE (IF NURSING P	COUNTY	GIVE RESIDENCE BEFORE		13d INSIDE CIT	V LIANITE 2	13e.STREET ADDRES	5 / 7ID COI	ne .	
	id.	COUNT	Balto.		-	10 🗌			Ave. 21	224
	ATHER'S NAME	MIDDLE	1467	1	15. MOTHER'S	MAIDEN NAM				
13	rabcis	MIDDLE	Jublansk	i	Rosa	lie	MIDDLE		dchul	A51
	WAS DECEASED EVER IN U		166. SOCIAL SECU		17 INFORMAN	T		DRESS		
- 41	YES, NO OR UNKNOWN) (IF	FYES, GIVE WAR OR DATES)	213-01-9	679	Joseph	Dande	n 612 S.	Decker	Ave.	
	18 CAUSE OF DEATH (E	inter only one couse pe	141/	~/ /		_			APPRO	XIMATE INTERV.
	PART I. DEATH WAS	CAUSED BY: MEDIATE CAUSE (0)	Cardio	ue o	mer	1			7	112/85
	0,00		R AS A CONSEQUE	NCE OF					/	, / ,
	Conditions, if ony, wh			itutu	gn				12	20/81
	gove rise to immedi couse (a), stating		OR AS A CONSEQUE	NCE OF	1 -1 -	. 0	4	6-		,
	underlying couse it	ost.	Recure	2	inter	ival	abertrac	lion	10	gy
	PART 2 OTHER SIGNIFIC	CANT CONDITIONS C	ONTRIBUTING TO D	DEATH BUT N	OT RELATED T	O THE TERM	NAL DISEASE OR CO	ONDITION G	IVEN IN PART	10
NOI	PART 2 OTHER SIGNIFIC	CANT CONDITIONS C	ONTRIBUTING TO D	DEATH BUT N	OT RELATED T	O THE TERM		ONDITION G	IVEN IN PART	10
CATION	PART 2 OTHER SIGNIFICE	Hory	ONTRIBUTING TO D				NAL DISEASE OR CO	20b. IF Y	ES, WERE FIND	
RTIFICATION	190 DATE OF OPERATION Feb. 121	Mond 196 COND 1985 Rec	DITION FOR WHICH		was perfor	wed 26 And	200 AUTOPSY?	20b. IF Y	ES, WERE FIND	
CERTIF	190 DATE OF OPERATION FCB-121 210. ACCIDENT WAS UNDERLY	196 COND 196 COND 196 COND 196 COND 196 COND	DITION FOR WHICH	OPERATION Mesl		wed 26 And	200 AUTOPSY?	20b. IF Y	ES, WERE FIND FIFYING CAUSE YES []	S OF DEATH
CERTIF	190 DATE OF OPERATION Feb. 121	NOW 196 COND 196 COND	DITION FOR WHICH	OPERATION Mesl	was perfor	wed 26 And	200 AUTOPSY?	20b. IF Y	ES, WERE FIND FIFYING CAUSE YES []	S OF DEATH
CERTIF	190 DATE OF OPERATION FB. 121 210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS (IF EITHER, NOTIFY MEDICALE 210. IN JURY OCCURRED	N 196 COND 196	DITION FOR WHICH COLUMN TO THE PROPERTY OF INJURY OF INJURY	OPERATION WEST AY YEAR 19	was perfor	MED DOUND JRY OCCURR	200 AUTOPSY?	20b. IF Y IN CERT	ES, WERE FIND FIFYING CAUSE YES []	S OF DEATH
MEDICAL CERTIFICATION	198 DATE OF OPERATION FB. 121 218. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS (IF EITHER, NOTIFY MEDICALE	N 196 COND 196	DITION FOR WHICH OF INJURY A.M. MONTH DA	OPERATION WEST AY YEAR 19	WAS PERFORI LICHOW INJU	MED DOUND JRY OCCURR	200 AUTOPSY? WES NO ED (ENTER NATURE OF II	20b. IF Y IN CERT	ES, WERE FIND TIFYING CAUSE YES 3 PART I OR PART ?)	NO [
CERTIF	190 DATE OF OPERATION F. 12.1 210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS (IF EITHER, NOTEY MEDIC ALE 21d. INJURY OCCURRED AT WORK 220.1 certify that (1) (this	N 196 COND	OITION FOR WHICH OF INJURY OF INJURY REET, FACTORY, OFFICE, FACTORY	OPERATION WEST AY YEAR 19 ARM.ETC 1	WAS PERFORA 211 HOW INJU 211 LOCATION STREET	DOMUM DRY OCCURR	200 AUTOPSY? WES NO ED (ENTER NATURE OF II	20b. IF Y IN CERT IN CERT IN CERT	ES, WERE FIND IFYING CAUSE YES D B PART I OR PART 29 COUNTY	S OF DEATH
CERTIF	190 DATE OF OPERATION F. L. 2 210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS (IF EITHER, NOTHEY MEDICALE 21d. INJURY OC CURRED WHITE NOT WHITE AT WORK 270.1 certify that (1) (this saw the deceased obove. (1) (we) Land	N 196 COND	DITION FOR WHICH DEFINIURY OF INJURY OF INJURY OF INJURY OF INSURY OF INSURY	OPERATION West AY YEAR 19 ARM.ETC)	WAS PERFORA 21t HOW INJU 21t LOCATION STREET 4 that in (my) (c	DOMUM DRY OCCURR	200 AUTOPSY? WES NO ED (ENTER NATURE OF II	20b. IF Y IN CERT IN CERT IN CERT	ES, WERE FIND IFYING CAUSE YES PART I ORPART ?) COUNTY	S OF DEATH NO
CERTIF	190 DATE OF OPERATION Feb. 12.1 210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS (IF EITHER, NOTHY MEDICALE 21d. INJURY OCCURRED WHIE NOT WHIE AT WORK AT WORK 220.1 certify that (1) (this sow the deceases,	N 196 COND N 196 COND NNG 216 TIME C HOUR A XAMINER) 21e PLACE (AT HOME, SI Is hospital) attended to	DITION FOR WHICH DEFINIURY OF INJURY OF INJURY OF INJURY OF INSURY OF INSURY	OPERATION West AY YEAR 19 ARM.ETC)	WAS PERFORA 211 LOCATION STREET 3 that in (my) (c) EGREE	DO And JRY OCCURR 19 Sour) opinion d	200 AUTOPSY? WES NO CITY OF III CITY OF III To 3 Jeoth occurred on the	20b. IF Y IN CERT	ES, WERE FIND IFYING CAUSE YES PART I ORPART ?) COUNTY	S OF DEATH
CERTIF	190 DATE OF OPERATION FB. 12 1 210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS (IF EITHER, NOTHY MEDICALE 21d. INJURY OCCURRED WHITE NOT WHITE AT WORK AT WORK 220. I certify that (1) (this sow the deceases, obove, (1) (we) Leftd) 22b. SIGNATURE	I 196 COND I 196	DITION FOR WHICH DEFINIURY OF INJURY OF INJURY OF INJURY OF INSURY OF INSURY	OPERATION West AY YEAR 19 ARM.ETC)	WAS PERFORM 21c HOW INJU 211 LOCATION STREET 4 that in (my) (c) EGREE AT Ph	DOMUM DRY OCCURR	200 AUTOPSY? WES NO ED (ENTER NATURE OF II CITY OF II CITY OF II MEDICAL S	20b. IF Y IN CERT IN CERT IN TEM 18	ES, WERE FIND IFYING CAUSE YES PART I ORPART ?) COUNTY	S OF DEATH NO
CERTIF	190 DATE OF OPERATION F	In 196 COND ING 216 TIME O HOUR A XAMINER) 21e PLACE (AT HOME, SI Shospitol) ottended to Shospitol ottend	DITION FOR WHICH DEFINJURY OF INJURY OF INJURY OF INJURY OF INJURY OF deceased from 19 y after death.	OPERATION West AY YEAR 19 ARM.ETC)	WAS PERFORM 21c HOW INJU 21l LOCATION STREET 4 that in (my) (c) EGREE AT PH 22e ADDRESS	DE DING	200 AUTOPSY? 200 AUTOPSY? 200 PRICE NATURE OF II CITY OF II CITY OF II MEDICAL S DIRECTOR PHY	20b. IF Y IN CERT. IN CERT. ITOWN TAFF SICIAN	ES, WERE FIND IFYING CAUSE YES COUNTY COUNTY 19 220 DAT 220 DAT	S OF DEATH NO
CERTIF	190 DATE OF OPERATION F	I 196 COND I 196	DITION FOR WHICH DEFINJURY OF INJURY OF INJURY OF INJURY OF INJURY OF deceased from 19 y after death.	OPERATION West AY YEAR 19 ARM.ETC)	WAS PERFORM 21c HOW INJU 211 LOCATION STREET 4 that in (my) (c) EGREE AT Ph	DE DING	200 AUTOPSY? WES NO ED (ENTER NATURE OF III CITY OF III A TO THE NATURE OF III MEDICAL S	20b. IF Y IN CERT. IN CERT. ITOWN TAFF SICIAN	ES, WERE FIND IFYING CAUSE YES COUNTY COUNTY 19 220 DAT 220 DAT	S OF DEATH NO
MEDICAL CERTIF	190 DATE OF OPERATION F	N 196 COND ING	DITION FOR WHICH DE INJURY A.M. MONTH DA A.M. MONTH DA A.M. OF INJURY IREET, FACTORY, OFFICE, FA Y after deoth. 230 N	OPERATION WEST AY YEAR 19 ARM, ETC.) DI	WAS PERFORM 21c HOW INJU 21l LOCATION STREET 4 that in (my) (c) EGREE AT PH 22e ADDRESS	19-95 DOMING JRY OCCURR 19-95 DOUT) OPINION OF TENDING JYSICIAN J	200 AUTOPSY? 200 AUTOPSY? 200 PRICE NATURE OF II CITY OF II CITY OF II MEDICAL S DIRECTOR PHY	20b. IF Y IN CERT IN C	ES, WERE FIND IFYING CAUSE YES COUNTY COUNTY 19 220 DAT 220 DAT	S OF DEATH NO

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and should be detached for use as the buriol-transit permit. Then please remave carbon papers. Pages with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, ar remaval.

Aiken I w. 100 Acc Asserted the Source Modeller States States elto. Mondie of the interest - . w saca Standard board of -1-12 SEE COUNTY OF THE SECOND SECOND SECOND SECOND with 's a commence of the section of one . coor a sone re. 1101 i. Therefore it.

STATE OF MARYLAND

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	1 -	STATE REGISTRAR			DEPA		ICATE OF DEA		REG. 1	٧٥.		
-1		CEASED NAME	FIRST		MIDDLE	t.	AST		26. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
1	{TYPE	OR PRINT)	BRIDGI	T LaFa	shia M	ILLS	DAVIS		March 26,	1985		4:10 an
	3. SE)	х		4 RACE		5. DATE O			AGE (IN YEARS LAST B	IRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
Α		Female	1.5164	White		Jan.		YEAR	90	YRS.	MONTHS DATS	HOURS MIN.
4		RTHPLACE (STATE	OR FOREIGN	16. CITIZEN OF	WHAT COUNT	RY? 8.			BALTIMORE CITY		OF DEATH	
4		elaware		U.S.A		WIDOWE	D NEVER MAI		Baltimor	e Coun	tv.	ME
		TY OR TOWN OF	DEATH	11. NAME OF I	HOSPITAL, NUR	REET ADDRESS)	R OTHER INSTITU	MOIT	126. USUAL OCCUPA (TYPE OF WORK FOR MOST	TION OF WORKING LIF	12b. KIND C	OF BUSINESS OR
7	9	TOWSON AL RESIDENCE (# N	ILIPSING HOME OF				ing Home		Home Mak	er	Own I	iome
5	13a S	ryland	13b COUN	ITY	Baltim	OWN	13d. INSIDE CITY YES 📉 N	LIMITS?	36 STREET ADDRESS 1540 Shad		Road 2	21218
>	14 FA	Nichola		MIDDLE T.a	Fashia		15. MOTHER'S M	inette	MIDDLE	T	Laga	na
200		VAS DECEASED EV	ER IN U.S. AR	MED FORCES?	16b. SOCIAL SI	ECURITY NO.	17 INFORMANT		ADDI	RESS	Laga	1100
4		NO OR UNKNOWN)	(IF YES, GIV	E WAR OR DATES)	221-01	-5191	Morton	J. Mi	lls Sam	e as #		IMATE INTERVAL ONSET AND DEATH
	Z	Conditions, if a gove rise to cause (a), ste underlying ca	immediate ofing the use lost.	(c)	R AS A CONSE	T- 11	nlume NOT RELATED TO	MIR.	- Heple	LOUSA NOTION GIV	EN IN PART	years
1	TIFICATIO	19a DATE OF OPE	RATION	196 COND	TION FOR WH	ICH OPERATIO	N WAS PERFORM	ED	200 AUTOPSY?	IN CERTIF	S, WERE FINDIF	
	MEDICAL CERTIFICATION	210. ACCIDENT WAS OR CONTRIBUTING [(IF EITHER NOTIFY N	CAUSE OF DEA	HOUR A.	M. MONTH	DAY YEAR		RY OCCURRE	D (ENTER NATURE OF INJ	IURY IN ITEM IB P	ART : OR PART 2)	
	MEDI	21d. INJURY OCC	URRED	21e. PLACE	OF INJURY PEET, FACTORY, OFFI	ICE, FARM, ETC.)	211 LOCATION STREET	19	CITY OR T	el 2/3	COUNTY	STATE
		above, (1) (eased alive an	-	2/- 1	18 6-	ed that in (my) (19 p) opinion de	to to the contract on the	dote and hou	r ond from the	that (1) (we) lost couses stated
		22b. SIGNATURE	Cle	all	ang	h	DEGREE ATTI	ENDING	MEDICAL ST.	AFF ICIAN []	3/2	26/85
1		22d. PHYSICIAN'S		/	//		22e ADDRESS 1900 E.	North	ern Parkwa	y Bal	timore	, Md.
	(BURIAL, CREMATIC (SPECIFY)		23b. DATE			emetery or cre	MATORY	23d. LOCATION CITY OF TOWN		COUNTY	STATE
		UNERAL DIRECTOR	?	FIGLCII	1261	LOSO YOU	ck Road	250. DATE	REC'D. BY REGISTRA			TURE
	Ru	ck Towso	n Funei	cal Home	ADDRES	22		MAF	27 1985	Grelland	To se day	Andell

DHMH - 16 50M 4/82 (VRA 15, 4)

should be detoched for use as the buriol-fronsit permit. Then please remove carbon pape with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, ar removal

IMPORTANT: If them 21 is morked or Item 18 shows ony

TO FUNERAL DIRECTOR: After this certificate has been signed by

etained by the hospital or attending physician

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remayal.

IMPORTANT: If them 21 is marked at them 18 shaws

STATE OF MARYLAND	63
DEPARTMENT OF HEALTH AND MENTAL H	YGIEN
CERTIFICATE OF DEATH	

088137	FOR 1 - STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	3 5 0
A) (1)	1. DECEASED NAME FIRST (TYPE OR PRINT)	ELLE F.	DEAN	3-24-85	Y YEAR 26 HOUR 910PM
ge 4 mg	FEMALS	4. RACE WHITE	S. DATE OF BIRTH MONTH DAY YEAR 18 - 102		FUNDER YEAR IF UNDER 24 HRS DNIHS DAYS HOURS MIN.
death. Po	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Md.	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTO. C	OUNTY MD.
by the fulled with	TOUSON	11. NAME OF HOSPITAL, NURSIN (JENOT IN SUCH FACILITY, GIVE STREET	APORESSI HOSPITAL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	
AND 217	13a STATE 13b COL	DR OTHER INSTITUTION, GIVE RESIDENCE FFORE	N 113d INSIDE CITY LIMITS?	13. STREET ADDRESS / ZIP CODE 3500 E. JOHN	A R1234
MARYL.	14. FATHER'S NAME FIRST WALTER	MIDDLE WOODSON	15 MOTHER'S MAIDEN NA	WIDDLE	DAVIS
TIMORE,	160 WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SECU SIVE WAR OR DATES) 219 28		RECORDS	
ST., BALT	PART I. DEATH WAS CAUS	only one couse per line for (a), (b), one SED BY: ATE CAUSE (a)	e boweln	ecrosis.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
death ce death ce attending ave carb ation, ar raumatic	Canditions, if any, which	DUE TO, SPAS A CONFIDUR	Elemia	4	,
that the ease remail or after the	gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A ODNSEQUE	Meric artes	Morombosis	TO THE
CORDS, 20	PART 2 OTHER SIGNIFICANT	nesalury set	DEATH BUT NOT RELATED TO THE TERM	100	
TAL REC	190 DATE OF OPERATION Lost yeroto 210. ACCIDENTWAS UNDERLING	835 Entro let	operation was performed toolor necroin	YES NO YES	
N OF VIII	OR CONTRIBUTING CAUSE OF D	ER) P.M.	AY YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18 PAR	T. I. OR PART 2)
DIVISION OF ING PHYSICIA After this certif as the burial- ith and Mental	AT WORK AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F		CITY OR TOWN	COUNTY STATE
END ral o	22a I certify that (this has	pital) attended the deceased fram_	7-15 19 82	5 , to 3-24 19	, mor ly (me, non

DEGREE

22e ADDRES

MEDICAL STAFF DIRECTOR PHYSICIAN ATTENDING PHYSICIAN

2 19 L

Baltazar Velez, M.D.

23a. BURIAL, CREMATION, REMOVAL

23c. NAME OF CEMETERY OR CREMATORY

21204

MD

O HOSPITAL

DHMH - 16 60M 7/B4 (VRA 15, 4)

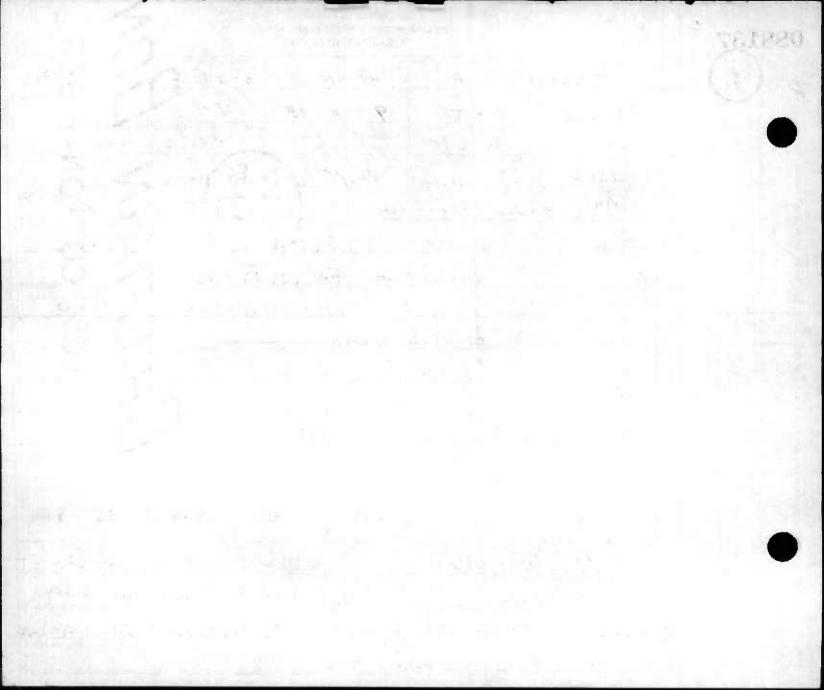
BURIAL 24 FUNERAL DIRECTOR BP.

HAPELOF MEMORIES HARFORD

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	TO FUNERAL DIRECTOR	should	with the State Dept. of Health and Mental Hygiene priar to burial, cremation, ar remaval.
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IMPORTANT: If them 21 is marked or them 18 shows any injury, ar ather traumatic event, the

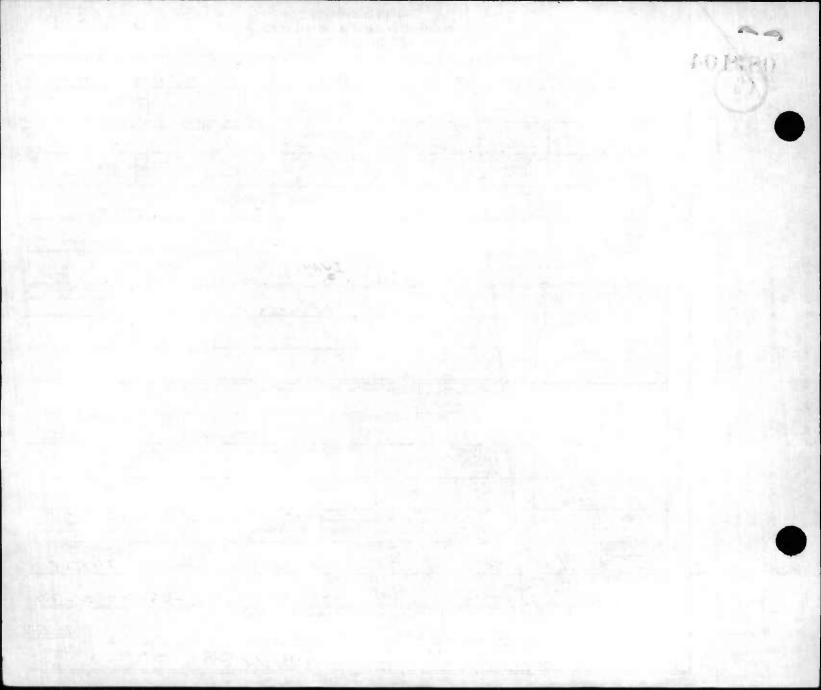
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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5 0 6	8 5

	FOR STATE REGISTRAR		DEPARTA		IEALTH AND MENTAL HYG	REG	NO.	0 0	3 1
Ų.	DECEASED NAME FIRST		MIDDLE		LAST	20 DATE OF DEATH		DAY YEAR	26 HOUR
1	(TYPE OR PRINT)	RA	RUTH		DEAN	MARCH	19 10	985	1.32 PM
3	SEX	4. RACE		5. DATE O	OF BIRTH	6. AGE (IN YEARS LAST		IF UNDER 1 YEAR	IF UNDER 24 HRS
L	FEMALE	WHIT	Έ	MAF	RCH 4, 1952	33	YRS	MONTHS DAYS	HOURS MIN.
7	6 BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D X NEVER MARRIED	9 BALTIMORE CITY	OR COUN	TY OF DEATH	
	NEW YORK	U.S		WIDOW	DIVORCED			COUNTY	MD.
1	CITY OR TOWN OF DEATH		HOSPITAL, NURSIN HEACILITY, GIVE STREET		OR OTHER INSTITUTION	TYPE OF WORK FOR MO	ST OF WORKING	GLIFE) INDUSTRY	F BUSINESS OR
1	BALTIMORE JSUAL RESIDENCE (IF NURSING HOME OF		ACO COURT		09	FINANCIAL	ANALY	YST FINA	NCE
li	3a STATE 13b COL		13t. CITY OR TOWN BALTIN	N	13d Inside City Limits? YES NO 💢	13e STREET ADDRES			
1	FATHER'S NAME FIRST MARVIN	WIDDLE	DEAN		15. MOTHER'S MAIDEN NAME FIRST FAITH	WE		BROI	
10	A ANALO DECE ACED EVED IN LUC. A		16b SOCIAL SECU	RITY NO.	17 INFORMANT	ADI	DRESS	DRUL)SK1
	(YES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)	216-48-3	2324	DR. 4. SCOTT	FRIED 76	28 CAI	RLA RD. 2	1208
F	18. CAUSE OF DEATH (Enter of	only one couse per			1 20001	TATED 10	20 0.11		MATE INTERVAL DISET AND DEATH
	PART I. DEATH WAS CAUS	SEĎ BY: ATE CAUSE (0)	CARCINO		OF THE HE	5404 NO	CCK		
ı			R AS A CONSEQUE	NCE OF					
	Conditions, if any, which	(ıb)							
	gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, O	R AS A CONSEQUE	NCE OF					
ı		((c)							
	PART 2. OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CO	ONDITION (GIVEN IN PART 110	
1	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CER	YES, WERE FINDIN TIFYING CAUSES YES T	IGS USED OF DEATH?
1	216, ACCIDENT WAS UNDERLYING	21b. TIME C			21c HOW INJURY OCCUR	200	4		- U
		CAIN	M. MONTH DA M	YEAR 19	Care St.				
ı	21d. INJURY OCCURRED	21e. PLACE			211 LOCATION	CITY OF	NWOT	COUNTY	STATE
	WHILE NOT WHILE AT WORK	(AI HOME, SI	EET, PACTORY, OFFICE F	ARM EIC	J. McCi				
	220.1 certify that (1) this has		e deceased from	12	, 19.87	to MARC	11.1		tho (we) lost
	sow the deceased alive a above, (1) (we) (did) (did n	in MAR (. 01	nd that in (my) (our) opinion o	death accurred on the	e date and h	iour and from the o	couses stated
ı	22b. SIGNATURE	1 D			DEGREE ATTENDING	MEDICAL _ S	TAFF	22c. DATE :	
1	11/20009	7 7	in	711	PHYSICIAN	DIRECTOR PHY		3/1	9185
	22d. PHYSICIAN'S NAME (TYPE	OR RINT)			22e. ADDRESS				
-	DR. MERRIL				UNIVERSIT		1 ()	ANCER C	ENISS
1	30 BURIAL, CREMATION, REMOVA (SPECIFY)				EMETERY OR CREMATORY	73d. LOCATION CITY OR TOWN		COUNTY	STATE TO CON
2	REMOVAL-BURIAL	3/20/			DE CEM	ROCH E REC'D. BY REGISTR	AR 25h REG	ISTRAP'S SIGNATI	W JERSEY
ľ	NAME SOL		& BROS.,		MAAC	2 2 2 1985	Lu iss	Lieu den -	unical .
F	6010 REISTERSTO	WN RD. B	ALTIMORE,	MARY	AND 21215 WAR	1 2 2 1300	(V		

DHMH - 16 60M 7/B4 (VRA 15, 4)

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requires that the death certificate be-

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retoined by the hospital or attending physician.

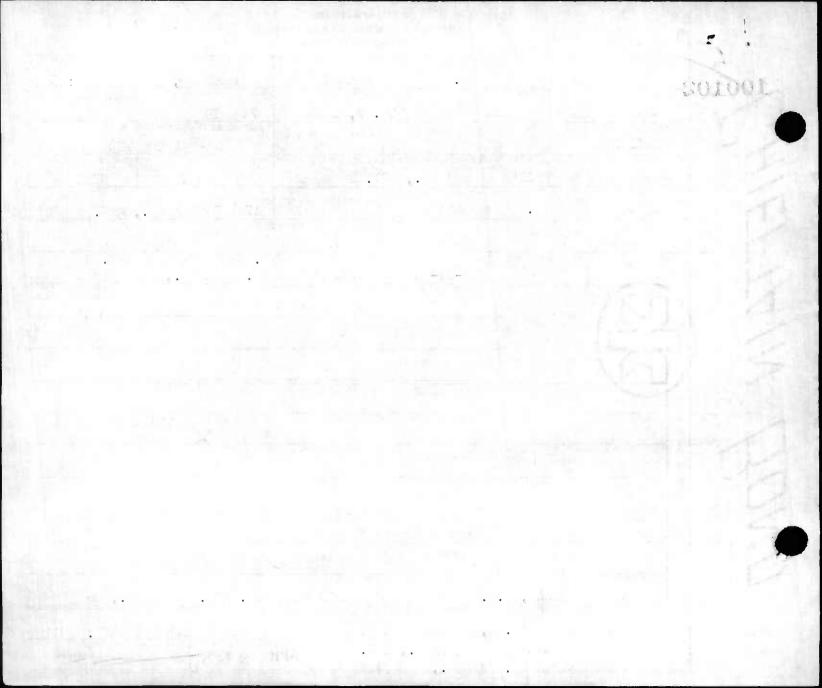
STATE OF MARYLAND

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	100	REGISTRAR	FIRST	MIDDLE	CEI	RTIFICATE OF DEATH	REG. NO.	DAY YEAR 25 HOLIR		
		OR PRINT)	EZRA).	DEANE				
02	SEX	(4. RA			ATE OF BIRTH	MARCH 29, 198	6:15 A IF UNDER 1 YEAR IF UNDER 24 HRS		
62	1	MALE		WHITE	ı	DEC. 7, 1910	74 XX YRS	MONTHS DATS HOURS MIN.		
2		RTHPLACE (STATE OR FO	OREIGN 76 CI	ITIZEN OF WHAT		ARRIED XXX NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH		
0		VIRGINIA		USA	WID	OWED DIVORCED	BALTIMORE COL			
0	1	SALTIMORE	· ·	L701 POM	ONA DR.,	APT. 2	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE MERCHANT	126 KIND OF BUSINESS OR INDUSTRY WINE		
19	130 S		BALTO	113c C	ITY OR TOWN LTIMORE	YES NO X	130 STREET ADDRESS / ZIP CODE 1701 POMONA DR	, APT. 2 #21:		
30	14 FA	THER'S NAME HILLARD	WIDDLE	DH	EANE	IS. MOTHER'S MAIDEN NO IDA	WIDDIE	BECKER		
1	160 V	VAS DECEASED EVER I	IN U.S. ARMED	OR DATES!	OCIAL SECURITY		MRS. SARA DEANE	APT. 2		
/					3-14-0284	1701 POMONA	DR. BALTO., ME			
	1	18 CAUSE OF DEATH PART I. DEATH WA	Enter only one	e couse per line fo	r (o), (b), ond (c)	Ca LUNG		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
	z	PART 2 OTHER SIGN	IFICANT COND	OITIONS CONTRIB	UTING TO DEATH	BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110				
6	ATIO		ION	19b CONDITION	OR WHICH OPER	ATION WAS PERFORMED	20n AUTOPSY? 20h IF YES	WERE FINDINGS LISED		
2	LIFICATIO	19a DATE OF OPERAT	ION	196 CONDITION	OR WHICH OPER	ATION WAS PERFORMED	IN CERTIF	, WERE FINDINGS USED YING CAUSES OF DEATH?		
29	AL CERTIFICATION	19a DATE OF OPERAT 21a, ACCIDENT WAS UNDO	ERLYING []	216. TIME OF INJU		21c. HOW INJURY OCCUP	IN CERTIFY	YING CAUSES OF DEATH?		
27	MEDICAL CERTIFICATIO	19a DATE OF OPERAT	ERLYING 2 AUSE OF DEATH (AL EXAMINER)	21b. TIME OF INJU HOUR A.M. A P.M.	RY ONTH DAY Y	EAR 19 216 LOCATION	YES NO YES	YING CAUSES OF DEATH?		
27		19a DATE OF OPERAT 21a, ACCIDENT WAS UND OR CONTRIBUTING CO (IF EITHER NOTIFY MEDIC 21d INJURY OCCURR WHILE NOTIFY MEDIC AT WORK AT WOR 22a.1 certify that (1) sow the decease	ERLYING AUSE OF DEATH ALEXAMINER] ED (this hospitol) o	P.M. P.M. PLACE OF INJU	RY IONTH DAY Y URY TORY, OFFICE, FARM, ET	EAR 19 216 LOCATION STREET 19 10 72 19 10 73 10 74 19	YES NO YES	YING CAUSES OF DEATH? NO NO		
27		19a DATE OF OPERAT 21a, ACCIDENT WAS UND OR CONTRIBUTING CO (IF EITHER NOTIFY MEDIC 21d INJURY OCCURR WHILE NOTIFY ALWOR 22a. I certify that (1) sow the decease obove, (1) (we) (d) 22b. SIGNATURE	ERLYING AUSE OF DEATH ALL EXAMINER) ED 2 ILE AUSE OF DEATH ALL EXAMINER) ED 2 ILE AUSE OF DEATH ALL EXAMINER) ED 3 ILE AUSE OF DEATH ALL EXAMINER) ED 4 ILE AUSE OF DEATH ALL EXAMINER) ED 4 ILE AUSE OF DEATH ALL EXAMINER) ED 5 ILE AUSE OF DEATH ALL EXAMINER) ED 6 ILE AUSE OF DEATH ALL EXAMINER) ED 6 ILE AUSE OF DEATH ALL EXAMINER) ED 6 ILE AUSE OF DEATH ALL EXAMINER) ED 7 ILE AUSE OF DEATH ALL EXAMINER) ED 7 ILE AUSE OF DEATH ALL EXAMINER) ED 8 ILE AUSE OF DEATH ALL EXAMINER ED 8 ILE	P.M. P.M. P.M. P.M. P.M. P.M. P.M. P.M.	RY IONTH DAY Y URY TORY, OFFICE, FARM, ET	EAR 19 21f. LOCATION STREET 21f. LOCATION DEGREE ATTENDING PHYSICIAN	YES NO YES NO YES RRED (ENTER NATURE OF INJURY IN ITEM IB PA	YING CAUSES OF DEATH? NO NO		
29		19a DATE OF OPERAT 21a, ACCIDENT WAS UND OR CONTRIBUTING COME CONTRIBUTING COME 21d INJURY OCCURR WHILE NOT WHAT WORE 22a. I certify that (1) Sow the decease obove, (1) (we) (d) 22b. SIGNATURE	AUSE OF DEATH ALEXAMINER) ED (this hospitol) o d ofive on id) (did not) view ME (1) PE OR PRINT	P.M. P.M. P.M. P.M. P.M. P.M. P.M. P.M.	RY IONTH DAY Y URY TORY, OFFICE, FARM, ET	EAR 19 21f LOCATION STREET 10 21f LOCATION STREET 10 21f LOCATION STREET 10 21f LOCATION STREET 21g LOCATION S	YES NO YES RRED (ENTER NATURE OF INJURY IN ITEM IB PA CITY OR TOWN To 3 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	YING CAUSES OF DEATH? S NO NO ART I OR PART 2) COUNTY STATE 19 that (1) (we) lost ond from the couses stated 22c. DATE SIGNED		
29	MEDICAL	19a DATE OF OPERAT 21a. ACCIDENT WAS UND OR CONTRIBUTING CORE (IF EITHER NOTIFY MEDIC 21d INJURY OCCURR WHILE NOTIFY MEDIC AT WORK NOT WHAT WORK 27a. I certify that (I) sow the decease obove, (I) (we) (d 27b. SIGNATURE 22d. PHYSICIAN'S NA JOSEF	ERLYING AUSE OF DEATH AL EXAMINER) ED 2 (this hospitol) od olive on id) (did not) view ME (1/DE OR PRINT) PH SHEAR	P.M. P.M. P.M. P.M. P.M. P.M. P.M. P.M.	RY IONTH DAY Y URY TORY, OFFICE, FARM, E1 posed from eoth.	21c. HOW INJURY OCCUP 21f LOCATION STREET 19 19 19 19 19 19 19 19 ATTENDING PHYSICIAN 22e ADDRESS 6715 PARK	THE CERTIFY YES NO YES RRED (ENTER NATURE OF INJURY IN ITEM 18 P) CITY OF TOWN To 3 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	COUNTY STATE 19, that (1) (we) lost and from the couses stated		
29	MEDICAL	19a DATE OF OPERAT 21a, ACCIDENT WAS UND OR CONTRIBUTING COME CONTRIBUTING COME 21d INJURY OCCURR WHILE NOT WHAT WORE 22a. I certify that (1) Sow the decease obove, (1) (we) (d) 22b. SIGNATURE	ERLYING AUSE OF DEATH AL EXAMINER) ED 2 (this hospitol) od olive on id) (did not) view ME (1/DE OR PRINT) PH SHEAR	P.M. P.M. P.M. P.M. P.M. P.M. P.M. P.M.	RY IONTH DAY Y URY TORY, OFFICE, FARM, E1 posed from eoth.	EAR 19 21f LOCATION STREET 10 21f LOCATION STREET 10 21f LOCATION STREET 10 21f LOCATION STREET 21g LOCATION S	YES NO YES RRED (ENTER NATURE OF INJURY IN ITEM IB PA CITY OR TOWN To 3 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	COUNTY COUNTY ART I OR PART 2) COUNTY 19		

DHMH - 16 60M 7/84 (VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	FOR SIATE REGISTRAR		DEPART		EALTH AND MENTAL HYG	SIENE	REG. NO.	0 0	3 3
DE	CEASED NAME FIRST		MIDDLE	L	AST	2a DATE	OF DEATH MONTH	DAY YEAR	2b HOUR
TYP	GORD(ON	ERIC	DEA	SE		March 29,	1985	7:20 P
3,58	×.	4 RACE		S. DATE C		6 AGE (N YEARS LAST BIRTHDAY)	MONTHS DATS	
	Male		Black	3	20 1940	45	YR		HOURS MIN.
В	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	DX NEVER MARRIED	9 BALTIM	ORE CITY OR COU	NTY OF DEATH	
	Maryland	U.	S. A.	WIDOWE	DIVORCED	Ba	ltimore Co	untv	M
	Towson	Greater	Baltimor	e Med	ical Center	(TYPE OF W	ALOCCUPATION ORK FOR MOST OF WORKIN Urement Ac	G LIFE) INDUSTRY	
USU I3n	AL RESIDENCE (IF NURSING HOME STATE DE CO	OR OTHER INSTITUTION	GIVE RESIDENCE BEFOR	RE ADMISSION)	113d INSIDE CITY LIMITS?		T ADDRESS / ZIP CO		
	Maryland	01411	Baltimo		YES X NO	Apt.	1503 Balt	imore. N	4d. 2120
	ATHER'S NAME	2/5-2-2			15. MOTHER'S MAIDEN NA				
	Anthony	MIDDLE	Dease	sr.	Atlee		WIDDLE	Doug	ST Tag
6a \	WAS DECEASED EVER IN U.S.	ARMED FORCES?	16b SOCIAL SECT		17 INFORMANT		760 West		
1	YES NO OR UNKNOWN) (IF YES, I	GIVE WAR OR DATES)	217-34-4	1962	Valerie R. D	ease	New York		
-	18 CAUSE OF DEATH (Enter	-1			VOLCETC HE D	CUPC	New Tolks		XIMATE INTERVAL ONSET AND DEATH
CERTIFICATION	gove rise to immediate couse (a), stofing the underlying couse lost. PART 2 OTHER SIGNIFICAN: 190 DATE OF OPERATION	T CONDITIONS C		DEATH BUT	NOT RELATED TO THE TERM		ITOPSY? 20b. IF	YES, WERE FIND	INGS USED
H	- 175					YES -	I NOT	RTIFYING CAUSE:	S OF DEATH?
-	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF C	DEATH HOUR A	OF INJURY M. MONTH D M.	AY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER	NATURE OF INJURY IN ITEM	18 PART I OR PART 2)	
MEDICAL	21d INJURY OCCURRED NOT WHILE AT WORK		OF INJURY TREET FACTORY, OFFICE	FARM ETC)	211. LOCATION STREET		CITY OR TOWN	COUNTY	STATE
	22a I certify that (I) (this has saw the deceased afive a above, (I) (we) (did) (did	on 3	/29	85 or	2/13, 19_85 and that in (my) (our) opinion (, to death occur	3/29 rred on the date and	hour and from the	
	724 PHYSICIAN'S NAME ITH	Mesa	m.o.		ATTENDING PHYSICIAN 220 ADDRESS	MEDICA DIRECTO	AL STAFF OR PHYSICIAN 3		1/85
	Robert A. Pa	alermo. 1	M.D.		6701 N. Charl	les St	t. Baltim	ore MD	21204
	BURIAL, CREMATION, REMOVA			NAME OF C	EMETERY OR CREMATORY	23d LO	CATION		
	(SPECIFY) Burial		1985 Ba	altimo	re National C	em. B	altimore,	COUNTY	Marylan
-	Ute te PRESTOS ons	2501	Gwynns Fa	alls P	arkway 250. DAT	E REC'D. BY	REGISTRAR 256 REC	ISTRAR'S SIGNA	JURE
u	neral Home, In	c. Balti	more. Mar	ryland	21216 AF	K] -	1985 gul	Davidson-	Mandopp

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: A should be detached for use with the State Dept. of Heal MPORTANT: If Bern 21

Actor Sons 2001 Gigns Polis carried Entr E with, Inc. of the countylone 3226

232- - 582 Valente B. Telen M. Mart. F. 19 25-

rial //Los Basinor Mannette. Continues

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within 24 hours ofter death. Page

completely filled in by the funeral of Land 2 \$100 be filed within 2 h

attending physician and cave carbanpapers. Pages

TO FUNERAL DIRECTOR: After this certificate has been signed by the ishould be detached for use as the burial-transit permit. Then please reminish the State Dept. of Health and Mental Hygiene prior to burial, crema

ATTENDING PHYSICIAN: The low

TO HOSPITAL

BP.

etained by the hospital or attending physician

IMPORTANT: If Hem 21 is marked or Hem 18 shows any

njury, ar other troumatic event, the

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

GIENE 5

6 8 5 4

REGISTRAR				Territ of Danier	REG.	NO.		
I. DECEASED NAME FIRST	MIDDLE		L	AST	20. DATE OF DEATH	HTMOM	DAY YEAR	26 HOUR
HERE	BERT E.	DeBA	AUGH		March	26, 1	985	M
3. SEX	4 RACE	5	DATE C		6. AGE (IN YEARS LAST	BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS
Male	White			mber 16,1907	77	YRS.		, min.
7a. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHA	T COUNTRY? 8	MARRIEI	D MEVER MARRIED	9. BALTIMORE CITY	OR COUNT	Y OF DEATH	
Maryland	USA		WIDOWE	D DIVORCED	Baltime			MD
10. CITY OR TOWN OF DEATH	(IF NOT IN SUCH FAC	HITY GIVE STREET ADI	DRESSI	OR OTHER INSTITUTION	128. USUAL OCCUPA (TYPE OF WORK FOR MOS		12b. KIND C LIFE) INDUSTRY	F BUSINESS OR
Towson	222 Rid	ge Avenı	1e		Painter		Self-	Employed
USUAL RESIDENCE (IF NURSING HOME 136. STATE 136. CO		CITY OR TOWN	OMISSION)	13d INSIDE CITY LIMITS?	13e STREET ADDRES			
	timore	Towson		YES NO X	222 Rid	ge Ave	nue 2120	04
Albert	MIDDLE	DeBaugh		Margaret	WIDDLE		Lew	vis
160 WAS DECEASED EVER IN U.S. A	11271 0 80 81111 2115	SOCIAL SECURI		17 INFORMANT	ADD	RESS		T - Take
NO NO	SIVE WAN ON DATES!	215-03-8	711	Mrs. Blanche	e DeBaugh	same	as # 13	
PART 2 OTHER SIGNIFICAN 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	(c)	A CONSEQUEN		NOTRELIFED TO THE TERM	NAL DISEASE OR CO	20b. IF Y	ES, WERE FINDIN	NGS USED
STIFIC					YES NO 3		IFYING CAUSES YES [NO
	BEATH HOUR A.M.	MONTH DAY	YEAR	21s. HOW INJURY OCCURR	RED (ENTER NATURE OF IN	JURY IN ITEM 18	PART 1 OR PART 2)	
OR CONTRIBUTING CAUSE OF F	218. PLACE OF IN (AT HOME, STREET, F.	NJURY ACTORY, OFFICE, FARI	M, ETC)	211 LOCATION STREET	CITY OR	TOWN	COUNTY	STATE
220.1 certify that (1) (this has sow the deceased alive	n 3-24	19 8	5 , or	nd that in (my) (our) opinion o	death occurred on the			that (1) (we) last causes stated
226. SIGNATURE	/)			DEGREE			22c. DATE	SIGNED
//	11.	-		ATTENDING PHYSICIAN	MEDICAL ST	AFF SICIAN []	3.	/26/85
224 PHYSICIAN'S NAME YOU	OF FRIE	17		774 ADDRESS				1 199
Sami I	Brahim, M.D		_	St. Joseph'	s Hospita	1		
23a. BURIAL, CREMATION, REMOVA			ME OF C	EMETERY OR CREMATORY	23d LOCATION		COURTS	STATE
(SPECHFY) Burial	3-29-85	Dri	uid I	Ridge Cemetery	y Baltime	ore	Marylan	d

DHMH - 16 50M 4/B2 (VRA 15, 4) Ruck Towson Funeral Home, Inc. 1050 York Road

250. DATE REC'D, BY REGISTRAR 256. REGISTRAR'S SIGNATURE

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...ial 3-29-85 Drund M. ..

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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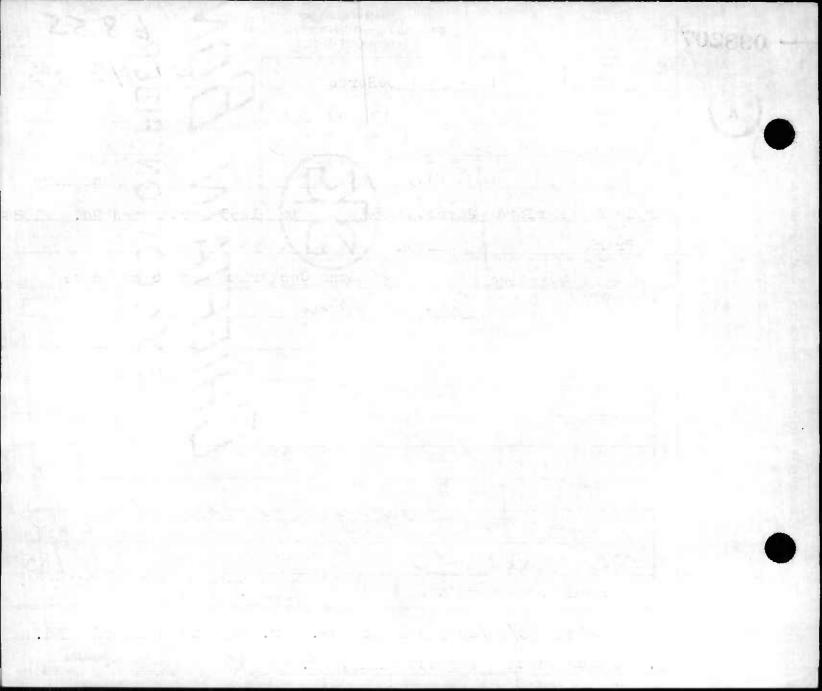
	- ST	ATE GISTRAR				IEALTH AND MENTAL HYG FICATE OF DEATH	REG. N	10	00	
	DECE A	SED NAME FIRST		MIDDLE	L	AST	20 DATE OF DEATH	MONTY D	a / O- 26	HOUP
1	TYPE OR P	Philip	Fr	anklyn	-DeB	lorde		1 20	183	37
3.	SEX		4. RACE	,	5 DATE C	OF BIRTH	6. AGE (IN YEARS LAST B			UNDER 24
	1	nale	CA	uc.	MONTH	4.1 -	4.1	YRS.	ONTHS DAYS HO	DURS
7	. BIRTH		76. CITIZEN O	F WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY		OF DEATH	
/	COUN	CAROLINA	1 43	A	WIDOWE		BAltim	ORE CO	unty	
7	CITY	OR TOWN OF DEATH	11. NAME O		G HOME C	OR OTHER INSTITUTION	17a USUAL OCCUPA	ION	126. KIND OF BI	USINES
1	1	owson /	1 St.	1 1 10	1	OSDICE	mechani		Machin	er
1	SUAL R	SIDENCE (IF NURSING TOME	OR OTHER INSTITUTIO	N GIVE RESIDENCE BEFORE	ADMISSION)	113d. INSIDE CITY LIMITS?	13e.STREET ADDRESS	/ 7IP CODE		
			rford	Jarrett		TYES NO TO		th Be	nd Rd.	2
		R'S NAME FIRST	MIDDLE	LAST		15. MOTHER'S MAIDEN NA			LAST	
a		Frank	***************************************	Wilso	n	VIRGINIA	1	RGE.	(AS)	
2		DECEASED EVER IN U.S.	ARMED FORCES			17. INFORMANT	ADD	RESS		
4		es 2/4	1-5/A10	219-42-	7668	Lynn Cocke	rham s	ame a	s above	2
Г	18	CAUSE OF DEATH (Enter	only one cause p	er line far (a), (b), and	l (c	1			APPROXIMAT BETWEEN ONSE	E INTERV
-1		PART I. DEATH WAS CAU	SED BY. ATE CAUSE (a)_	Which	195	toma				
- 1		WWILD	, , , , , , , , , , , , , , , , , , ,							
- 1	- 1		DUE TO,	OR AS A CONSEQUE	NCE OF					
	C	anditions, if any, which	(ib).							
		ave rise to immediate	10%							
		use (a), staling the iderlying couse last.	DUE TO,	or as a conseque	NCE OF					
			(c)_							
		RT 2 OTHER SIGNIFICAN	T CONDITIONS	CONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CO	ndition give	N IN PART 11a	
7	▼ 19a.		196 CON	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		WERE FINDINGS	
100		DATE OF OPERATION						LIN CERTIEY		DEATH
4		DATE OF OPERATION					YES T NO M		ING CAUSES OF	10 0
4	210	DATE OF OPERATION ACCIDENT WAS UNDERLYING		OF INJURY		21c HOW INJURY OCCUR	YES NO NO	YES		10 🗆
//	000	ACCIDENT WAS UNDERLYING	BEATH HOUR	A.M. MONTH DA		21c HOW INJURY OCCURR		YES		10 🗆
//	00	ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF E	DEATH HOUR	a.m. month da p.m.	Y YEAR		RED (ENTER NATURE OF IN)	YES	RT I OR PART 2)	<u></u>
//	WEDICAL	ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF EITHER NOTIFY MEDICAL EXAMINING INJURY OCCURRED INJURY OCCURRED	PEATH HOUR VER) 21e. PLAC	A.M. MONTH DA	19	210 HOW INJURY OCCURE		YES		
//	WEDICAL ALV	ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF EITHER NOTIFY MEDICAL EXAMINE FEITHER NOTIFY OCCURRED MILE NOTIWHILE AT WORK	PEATH HOUR 21e. PLAC (AT HOME	A.M. MONTH DA P.M. E OF INJURY STREET, FACTORY, OFFICE FA	19 ARM, ETC)	211 LOCATION STREET	RED (ENTER NATURE OF IN)	YES	COUNTY	STA
//	WEDICAL ALV	ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF I FEITHER NOTIFY MEDICAL EXAMIN THE NOTIFY THE NOTIFY MEDICAL EXAMINATION OF THE NOTIFY MEDICAL EXAMIN	PEATH HOUR 21e. PLAC (AT HOME	A.M. MONTH DA P.M. E OF INJURY STREET, FACTORY, OFFICE FA the deceased from	19 ARM, ETC)	211 LOCATION STREET	RED (ENTER NATURE OF INJ	YES URY IN ITEM 18 PA	COUNTY	51/
//	WEDICAL ALV	ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF EITHER NOTIFY MEDICAL EXAMINE FEITHER NOTIFY OCCURRED MILE NOTIWHILE AT WORK	PEATH HOUR 21e. PLAC (AT HOME	A.M. MONTH DA P.M. E OF INJURY STREET, FACTORY, OFFICE FA the deceased from	ARM, ETC)	211 LOCATION STREET	RED (ENTER NATURE OF INJ	YES URY IN ITEM 18 PA	COUNTY COUNTY That and from the county	STA t (1 (wo
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7 7	22 d 22	ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF I E EITHER NOTHY MEDICAL EXAMIT INJURY OCCURRED HILE VORA AT WORK 1 certify that (I) this has sow the deceased arre- above, (I) (we) (did) (did FMYSICIAN'S NAME (IYP Kendall R AL, CREMATION, REMOVA	PEATH HOUR 21e. PLAC (AT HOME point) attended point) view the bac E OR PRINT) Faulkn AL 23b. DATE	A.M. MONTH DA P.M. E OF INJURY STREET, FACTORY, OFFICE F. the deceased from dy after death. Ler, M.D.	ARM, ETC.)	DEGREE ATTENDING PHYSICIAN TOWSOIL TOWSOIL TMENT OF CREMATORY Mem. Gar.	CITY OR T MEDICAL DIRECTOR X PHYS A Maris-230 1, MD 21204 23d. LOCATION CITY OR TOWN Bel Air	OWN AFF CIAN O Dulat Har	county	str (I) (wo
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DHMH - 16 60M 7/84

TO HOSPITAL OR ATTENDING PHYSICIAN: The retained by the hospital or attending physician.

BP.

(VRA 15, 4)



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In by the funeral director, page 3 per filed within 72 hours offer death

DEPARTA

STATE OF MARYLAND	1-4		6	- 3	Poss	
MENT OF HEALTH AND MENTAL HYGIENE	-	O	0	" of	Fogd	
CERTIFICATE OF DEATH		TO NO				
		DEG. NO				

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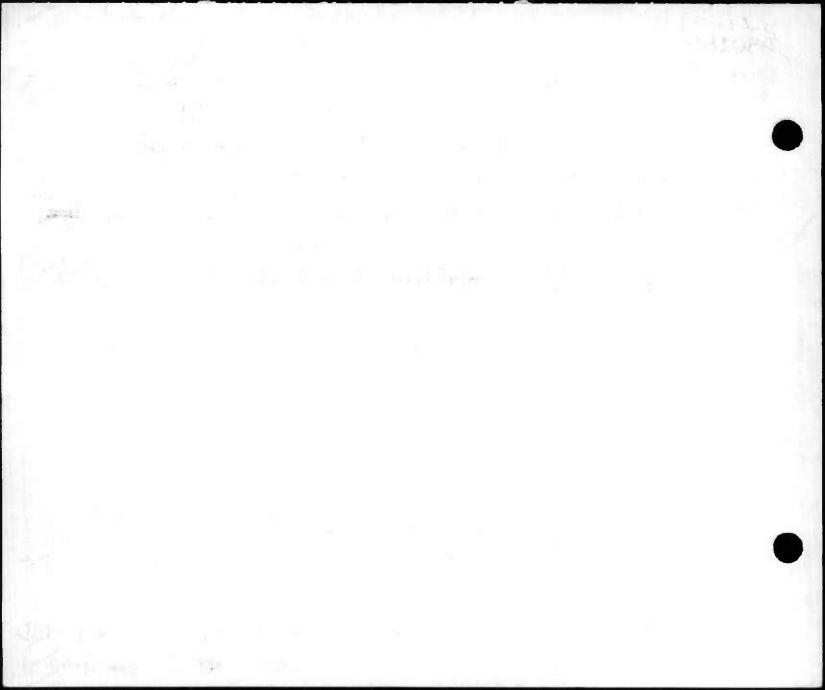
in Day ason-Randally

	REGISTRAR		CERTII	ICATE OF DEATH		REG. NO.			
	CEASED NAME FIRST	WIDDLE	_	IAST	20 DATE OF I	EATH MO	NTH DAY	YEAR	2b. HOUR
	1000	ow w.		EHAVEN		3		85	05.26
SE)	male '	white	5. DATE O	-25-19	6. AGE (IN YEA	TI	MONT YRS.	HS DAYS	IF UNDER 24 HRS
a. Bl	IRTHPLACE (STATE OR FOREIGN 7)	CITIZEN OF WHAT COU	NTRY? 8. MARRIE		_ 40	HIN	OUNTY OF	Cou	inty "
Q-CI	Randal Stown	NAME OF HOSPITAL, NENOT INSUCHEACILITY, GIV	OURSING HOME (ESTREET ADRESS)	ty Hospit	A LIVER OF WORK			2b. KIND C NDUSTRY	F BUSINESS O
3a, S	mb Can	HER INSTITUTION, GIVE RESIDENCE STATE OF THE	and and interiority	13d. INSIDE CITY LIMIT	13 N	DRES 9	ty Pla	ice	1784
. FA	ATHER'S NAME FIRST UNK	DDLE LA	151	15. MOTHER'S MAIDE	NNAME	WIDDLE	,	LAS	ıī
6a V	WAS DECEASED EVER IN U.S. ARMI YES, NO ORUNKNOWN) (IF YES, GIVE V	PAR OR DATES)	1 SECURITY NO.	Mildred	J. DeHav	address	Syke:	svill	ENMD 184
	18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	BY:	(b), and ici.	a, E C.	0. P. D.		-	APPROX BETWEEN	MATE INTERVAL ONSET AND DEATH
		DUE TO, OR AS A COM	SEQUENCE OF	0 0.	funder - 1	2	7		(/
z	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT CO	(b) OR AS A CON (c) NDITIONS CONTRIBUTION		CR. Fres	TERMINAL DISEASE	OR CONDIT	ION GIVEN I	N PART 11	0.
IFICATION	gove rise to immediate cause (a), stating the underlying cause last.	(c)	IG TO DEATH BUT		20a AUTOF	SY? 2	Ob. IF YES, WE	ERE FINDING CAUSES	NGS USED OF DEATH?
	gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT CO	NOTIONS CONTRIBUTION 19b. CONDITION FOR V 21b. TIME OF INJURY	IG TO DEATH BUT		20a AUTOF	SY? 21 NO	Ob. IF YES, WE N CERTIFYING YES	ERE FINDING CAUSES	NGS USED
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	gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT CO 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF GEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a I certify that A (this hospital sow the deceased alive on obove. A (we) (did) (did not)	19b. CONDITION FOR V 21b. TIME OF INJURY HOUR A.M. MONT P.M. 21e PLACE OF INJURY (AI HOME, STREET, FACTORY.) attended the deceased	WHICH OPERATION H DAY YEAR 19 OFFICE, FARM, ETC.)	21c. HOW INJURY OF	200 AUTOF YES	NO RE OF INJURY IN	Ob. IF YES, WENTER OF THE METER	COUNTY	NGS USED OF DEATH? NO STATE that (I) (we) located couses stated
MEDICAL CERTIFICATION	gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT CO 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTING CHETTER NOTHY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE AT WORK AT WORK 22a. I certify that in (this hospital saw the deceased alive on	19b CONDITION FOR A 21b TIME OF INJURY HOUR A.M. MONT P.M. 21e PLACE OF INJURY (AI HOME, STREET, FACTORY.) attended the deceased view the body after death.	WHICH OPERATION H DAY YEAR 19 OFFICE, FARM, ETC.)	21c. HOW INJURY OF	20s AUTOF YES CCURRED (ENTER NATU inion death occurred	SY? 21 IT OR TOWN On the date STAFF	Ob. IF YES, WE N CERTIFY INC YES VIEW IB PART T	COUNTY	NGS USED OF DEATH? NO STATE that (I) (we) located couses stated

DHMH - 16 50M 4/83 (VRA 15, 4)

etained by the hospital or offending physicion.

IMPORTANT: Il nem 21 is marked or Item 18 shows any injury, or other traumatic event, the medical TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and a should be detacted for use as the buriol-transit permit. Then please remove corbon popers. Pages with the State Dept. of Health and Mental Hygiene prior to buriol, cremotion, or removal.



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEND

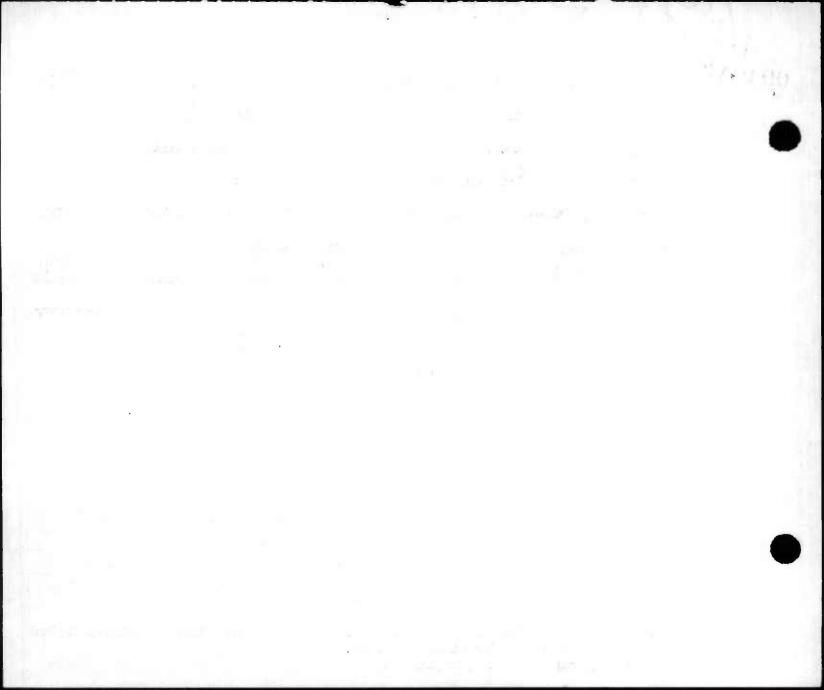
CERTIFICATE OF DEATH

REG.	1

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J	REGIST	RAR			CEICITI	CAIL OI DEAL			REG. NO).		
Ì	I. DECEASED I	NAME FIRST	MID	DIE	- 1	AST		2a. DATE OF	DEATH	MONTH D	AY YEAR	2b. HOUR
1	(TIPE OR PRINT)	Mrs. Sa	alvatura	M. De	ller			1 =1	March 2	9 1985		P130P.M
ı	3. SEX		4 RACE		5. DATE C		FAR	6. AGE (INY	EARS LAST BIRTI		F UNDER I YEAR	IF UNDER 24 HRS. HOURS MIN.
1	Female		Caucasia	ın		20 1903		81		YRS		
2	7a BIRTHPLAC	E (STATE OR FOREIGN	16. CITIZEN OF WI	HAT COUNTRY?	8 MAPPIE	D NEVER MARRI	IED []	9 BALTIMO	RE CITY OF	COUNTY	OF DEATH	
	Sicily		U.S.A.		WIDOWE			Balti	imore C	ounty		MD.
	10 CITY OR TO	WN OF DEATH		SPITAL, NURSIN		R OTHER INSTITUTI	ION	12a. USUAL (F BUSINESS OR
	Pikesv	ille		ourt Road				Housev				
	USUAL RESIDI	NCE (IF NURSING HOME O	ROTHER INSTITUTION GI	VE RESIDENCE BEFORE		13d INSIDECITY LIV	MITS?	13e STREET	ADDRESS /	ZIP CODE		
	Maryla		imore	Pikesvi.	lle	YES NO			1 Court	Road		21208
A	14. FATHER'S N	IAME IRST	WIDDLE	LAST		15 MOTHER'S MAI	DEN NAM	∧E	MIDDLE		IAS	T
1	Joseph	Fertitta				Rosalie	Fert	itta				
		ASED EVER IN U.S. AL	RMED FORCES? II	66 SOCIAL SECU	RITY NO.	17 INFORMANET	ances	Nunn	ADDRE:	SS		21117
1	No	(# 163.0)	VE WAR ON DATES!	212-74-2	2460	157 W11	gate I	Road	0	wings h		Maryland
1	18 CAU	SE OF DEATH (Enter a	nly ane cause per lu	pe for (a), (b) con	dies!	1	1	٨	17		APPROX:	MATE INTERVAL ONSET AND DEATH
ł	PAR	I. DEATH WAS CAUSI	TE CAUSE (a)	and	ak	2000	705M	VAR	sur	7	428	
			DUE TO, OR	AS ACONSEQUE	NCE OF	AV		44	110		1 1	7
		ans, if any, which	(b)	9100	Ce,	XISCU	DCI	100	11.		14	in
	cause	rise ta immediate (a), stating the	DUE TO, OR	SA CONSEQUE	NCE OF	14 Are	000	^			1	clans
1	underl		(c)	Schal	emc	MICIS	Che d	- · · · ·			1 4	you
		OTHER SIGNIFICANT	CONDITIONS <u>CON</u>	ITRIBUTING TO E	DEATH BUT	NOT RELATED TO T	HE TERMI	NAL DISEAS	E OR COND	ITION GIV	EN IN PART I	1
4	21e ACC	E OF OPERATION	IN CONDITI	ON FOR WHICH	OPERATIO	N WAS PERFORMED		70a AUTO	DPSY?	20h JE YES	. WERE FINDIN	VCS LISED
1	P NO DAI	E OF OPERATION	176. CONDIT	ON FOR WHICH	OFERATIO	N WAS FERT ORMEE				IN CERTIF	YING CAUSES	OF DEATH?
-	21. ACC	IDENT WAS UNDERLYING	7 21b. TIME OF	INITIPY	-	21c HOW INJURY	OCCUPP	YES	NO [YES		NO 🗌
7	00.000	RIBUTING CAUSE OF DE	_ 110110 4 44			THE TICKY HASOKY	OCCORR	LD TENIERNA	TORE OF 1143OR	T HA TIEM TO T	ART TORY ART 2)	
		ER NOTIFY MEDICAL EXAMINE	P.M.	E IN LILIDY	19	211 LOCATION						
	AHIIE MAILE	NOT WHILE		T, FACTORY, OFFICE, F.	ARM ETC)	STREET			CITY OR TOV	VN	COUNTY	STATE
	AT WORK	AT WORK	in the second of the		1.7	6	01		٠.		10 21-	about to the state of
	saw	rtify that (I) (this hasp the deceased alive or	3,16	19 8	7	nd that in (my) (aur)	apinian d	eath occurre	d an the da	te and havi		that (I) (we) last causes stated
		ive, (I) (we) (did) (did n	at) view the bady of	ter death.		DEGREE	·				22c DATE	
	1.1. 010					MA ATTEN	DING .	MEDICAL	STAF	F	3.3	50.81
4	77d. PH	SICIAN'S NAME (TYPE	OR PRINT)		-	22e ADDRESS	ICIAN Z	DIRECTOR	PHYSIC	IAN []	1 1	N.A.
		Dr. Babu	Rao			88111	ibe	12/1	0,16	ande	Ustone 1	1021/33
		REMATION, REMOVA	23b. DATE	23c. N	AME OF C	EMETERY OR CREM	ATORY	23/ LOC/	ATION OR TOWN		COUNTY	STATE
	Burial		04-02-85	5	Druid I	Ridge Cemete	ery		esville	B		Maryland
	24 FUNERAL	DIRECTOR Lorin	g Byers Fur				250 DATE		EGISTRAR	1 .	RAR'S SIGNAT	
	8728 I	iberty Road H	andallstown	n, Marylan	d 2113	3	APF	1 - 1	985	Juna D	avidson-7	fandelle.

DHMH - 16 50M 4/83 (VRA 15, 4)



8037		FOR STATE REGISTRAR		DEPARTMENT OF	E OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	REG. N		d 5 8
2 R35		CEASED NAME FIRST Carr	ie Eliza	beth DEN	SON	March 1		26 HOUR 3:45p M
To the state of	3 SE	x Cemale	4 RACE White		St 23, 1.905	6. AGE (IN YEARS LAST BIR		DAYS HOURS MIN.
funeral di thin 72 hoi dat once.	70. B	IRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76 CITIZEN OF WHAT C	OUNTRY? 8	NEVER MARRIED	Baltimore city o		ATH MD
by the fu	2	ssville 21237	11. NAME OF HOSPITA (IF NOT IN SUCH FACILITY Frantin	AL, NURSING HOME Y, GIVE STREET ADDRESS) Square Hos	or other institution	12a USUAL OCCUPATION OF WORK FOR MOST C		kind of Business or USTRY Lothing Sto
filled in auld be		AL RESIDENCE (IF NURSING HOME OF STATE 136 COUN Balt	VIY 13c CIT	DENCE BEFORE ADMISSION) TY OR TOWN 5 SEX	13d INSIDE CITY LIMITS?	1715 Midd	7 IP CODE LE Drough	Road 21221
ompletely ond 2 sh examine	14. F/	ATHER'S NAME FIRST Walter	MIDDLE L.	Lookingb	15. MOTHER'S MAIDEN NAME FIRST Dais	ALIDEUS.	Fleck	kinger
Pages		VAS DECEASED EVER IN U.S. AR YES, NOOR UNKNOWN) (IF YES, GIV	E WAR ORDATES	9 07 1575	James E. De	enson (H	Husband)	Same
ren signed by the attending. 1. Then please remove carbor or to buriol, cremation, or y injury, ar ather traumatic.	TION	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT (DUE TO, OR AS A (c)	CONSEQUENCE OF				
e has beer sit permit. giene priar haws any i	CERTIFICATION	190 DATE OF OPERATION		OR WHICH OPERATIO		20a AUTOPSY? YES NO	YES 🗌	AUSES OF DEATH?
burial-tr burial-tr ar Hem 1	MEDICAL CE	210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF ETHER NOTIFY MEDICAL EXAMINES 210, INJURY OCCURRED ON THILE ON THILE ALWOOK ALWOOK ALWOOK	P.M.	ONTH DAY YEAR 19	216 HOW INJURY OCCURE	CITY OR TO		
ALDIRECTOR: After 1) etached for use as the te Dept, of Health and I: If them 21 is marked		22a. I certify that X (this haspi saw the deceased alive on abave, Y (westeld) (X/X X 22b. SIGNATULE	tal) ovended the decea March 15	eath. Marc	nd that in (nX) (aur) opinion o	, to March death accurred on the di MEDICAL STAI A DIRECTOR PHYSIC	ate and hour and fro	5, that X (we) last am the causes stated DATE SIGNED 3/15/85
should be deriven the State		Daniel Morha			9000 Frankl	in Square D		
		BURIAL, CREMATION, REMOVAL (SPECIE)	3/18/85		n Cemetery		re County	
H - 16 60M 7/84 - (VRA 15, 4)	67	uzdzinski Funer	Home PA	1407 Old E	astern Ave. M	AR1 8 1985		IGNATURE

87 . T. 30(1.0 tappe - 1 est ocsetille 2000 Millington mitel Edil one fun- albert Effi on Real m tagetrenti gaza filinatearini del and the man want was the contract AND AND RESIDENCE TO A PARTY OF THE PARTY OF Countries Summer of the contract of the contra DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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U	0	0	9	6

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

REGISTRAR				CENTIL	ICATE OF DEATH	REG. NO	O.			
. DECEASED NAME	FIRST	MI	MIDDLE LAST				28. DATE OF DEATH MONTH DA			
Anna DePoitiers		itiers			March 22.		8:20 .P			
. SEX	4	. RACE		5. DATE C		6. AGE (IN YEARS LAST BIRT		IF UNDER 1 YEAR	IF UNDER 24 HRS	
FEMALE		WHITE	3	3	17 22 YEAR	63	YRS.	AONTHS DAYS	HOURS MIN	
BIRTHPLACE (STATES	OR FOREIGN 7	CITIZEN OF W	HAT COUNTRY?	8. MARRIE	D NEVER MARRIED	9. BALTIMORE CITY O	_			
NEW YORK		USA		WIDOWE		Baltimon	re Cou	nty	M	
CITY OR TOWN OF D	DEATH 1		OSPITAL, NURSIN		OR OTHER INSTITUTION	170 USUAL OCCUPATE (TYPE OF WORK FOR MOST O HOUSEWIFE		INDUSTRY	OF BUSINESS O	
UAL RESIDENCE (IF N	13b. COUNT		IVE RESIDENCE BEFORE		1 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS /	7 ID CODE			
MARYLAND		IMORE	13C. CITT OK 10 W	14	YES NO XX	33 CLIFFW		D. 21:	206	
FATHER'S NAME FIRST		IDDLE	LAST		15. MOTHER'S MAIDEN NA	MIDDLE		LAS		
John		ED CODOSCO II	Peaco		Flla	Rose			tley	
(YES, NO OR UNKNOWN)		WAR OR DATES)	166 SOCIAL SECU		17. INFORMANT				21206	
No			214-18-7	7361	Ernie Peacoo	ck 33 Cliffw	rood Re	d. Bal	to., Md.	
	mmediate iting the use last	DUE TO, OR (b) DUE TO, OR (c)	as a conseque Multiple as a conseque Septicem	ence of Cerel Ence of ia	ry arrest brovascular ac		DITION GIVE	EN IN PART 1:	01	
19a. DATE OF OPEI	RATION	19b. CONDIT	ION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY? YES NO X	IN CERTIFY	, WERE FINDING CAUSES		
21a. ACCIDENT WAS IN OR CONTRIBUTING [{IF EITHER, NOTIFY M 21d. INJURY OCCE	CAUSE OF DEAT EDICAL EXAMINER)	216. TIME OF HOUR A.M P.M 21e PLACE O	A. MONTH DA	AY YEAR	21c HOW INJURY OCCUR					
TON SIME	WHILE	(AT HOME, STRE	ET, FACTORY, OFFICE, F	ARM, ETC)	STREET	CITY OR TO	WN	COUNTY	STATE	
22a.1 certify that saw the dece above, (If (we 22b. SIGNATURE	ased alive an		22 10	84_, 01	rch 22 19 85 nd that in (m) (our) opinion DEGREE ATTENDING PHYSICIAN I	death occurred an the do	arte and hour			
224. PHYSICIAN'S	NAME (TYPE OR				22e ADDRESS	lin Square		21237	700	
Burial, CREMATIO		236. DATE 3-25-	85 Ga:		emetery or crematory of Faith Cem	23d. LOCATION CITY OR TOWN	Po1+	county	Marvla	

ADDRESS BALTO MD. 2123 MAR

DHMH - 16 50M 4/83 (VRA 15, 4)

24. FUNERAL DIRECTOR

Lassinh Funeral Home

TO FUNERAL DIRECTOR.

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours

etained by the hospital or attending physician.

10 FUNERAL DIRECTOR. After this certificate has been signed by the ottending physicion and completely filled in by the inneral director page 3 should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filled within 22 bours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal.

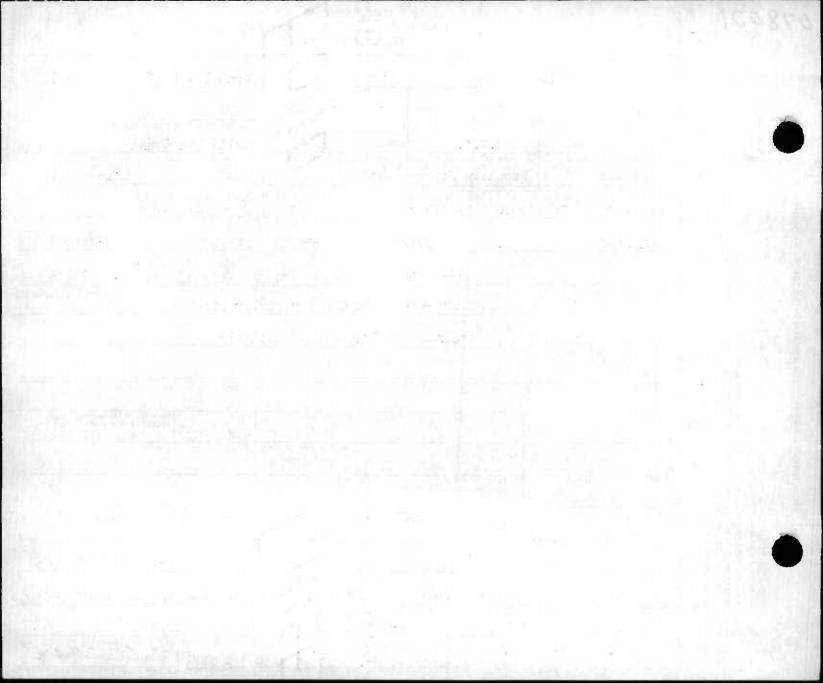
	STATE OF MARTLAND
FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIEN

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ND MENTAL HYGIEN	5	0	6	3	0	U
OF DEATH					-	***
		NO				

	REGISTRAR				CERTI	FICATE OF DEATH	REG	NO.		
	CEASED NAME	FIRST	P	MIDDLE		LAST	20. DATE OF DEATH		DAY YEAR	2b HOUR
TYPE	OR PRINT)	villa	Н.		DEF	RDA	March 15	1985		6:15A
3. SEX			RACE			OF BIRTH	6. AGE IN YEARS LAS		IF UNDER I YEAR	IF UNDER 24 HRS
	Female	104	White		Oct	ber 30,1928	56	YRS	MONTHS DAYS	HOURS MIN
7e. BII	RTHPLACE (STATE OF FO	REIGN 76		WHAT COUNT	RY? 8		9. BALTIMORE CIT			
No	rth Carolin	na	U.S	.A.	WIDOW	ED NEVER MARRIED	Baltimon	re Cou	ntv	M
	TY OR TOWN OF DEAT	TH 1	I. NAME OF H		RSING HOME	OR OTHER INSTITUTION	120 USUAL OCCUP ITYPE OF WORK FOR MO Clerk	ATION	12b. KIND (DE BUSINESS O
13e. S	AL RESIDENCE IN NURSIN TATE Tyland	Balti	Υ	GIVE RESIDENCE BE 13c. CITY OR TO Baltim	OWN	134 INSIDE CITY LIMITS?	13e.STREET ADDRES			1234
1	THER'S NAME FIRST	MI	DOLE	Hen:	ry	15. MOTHER'S MAIDEN NA FIRST Ruby	ME		Mite	chell
16a W	VAS DECEASED EVER II (ES. NO OR UNKNOWN)		ED FORCES? WAR OR DATES	166 SOCIAL SI 214-24	ECURITY NO.	Stephen Derd	840 R	iver R ville,	Md.	21784
	18 CAUSE OF DEATH PART I. DEATH WA	Enter only	one couse per							ONSET AND DEATH
CERTIFICATION	190 DATE OF OPERAT					T NOT RELATED TO THE TERM	200 AUTOPSY?	20b. IF Y	TES, WERE FINDI	NGS USED
MEDICAL CERT	216. ACCIDENT WAS UNDED OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONT	AUSE OF DEATH AL EXAMINER) ED	21e. PLACE (M. MONTH M. OF INJURY REET, FACTORY, OFF		211. LOCATION STREET	RED (ENTER NATURE OF		COUNTY	STATE
	22a.1 certify that XI) (sow the decease above, XI) (we) (di 22b. SIGNATURE	d alive on_	March	15		DEGREE ATTENDING PHYSICIAN		TAFF	our and from the	that XI (we) loss causes stated
	22d PHYSICIAN'S NA	5 7.	PA	is My	2	22e ADDRESS 9000 FRA	MKLIN SYL		DR/BAL	T, MOZ
	BURIAL, CREMATION, R	REMOVAL	23b. DAT			cemetery or crematory ew Crematory	23d. LOCATION CITY OF TOWN	ville	COUNTY	Mď.
24 FL	Cremation UNERAL DIRECTOR ETOYMEM. & R 530 Edmonds	ussel	3/19/8 l C. Wi enue, C	tzke ADE	meral	ew Crematory Homes P.A. d. 21228	Catons	ville AR 256, REG	ISTRAR'S SIGNA	TURE

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.



	FOR
-	STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN

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086043	1-	FOR STATE REGISTRAR		DEPART	AENT OF HE	OF MARYLAND ALTH AND MENTAL HYG CATE OF DEATH	REG. NO.	6 3	6
D		CEASED NAME FIRST OR PRINT)		MIDDLE	LA.	51	20 DATE OF DEATH MON	TH DAY YEAR	26 HOUR
8 45	1	Tomn	aso		DiG	regorio	March 24	1985	5 P. M
	3. SE	(4 RACE		5 DATE O	BIRTH YEAR	6 AGE (IN YEARS LAST BIRTHDAY	MONTHS DAYS	IF UNDER 24 HRS
4 000 -44		Male	Wh	ite	8/4		92	YRS.	
2 52 5		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIET	□ NEVER MARRIED □	9 BALTIMORE CITY OR CO	DUNTY OF DEATH	
	I	taly	US.		WIDOWE	DIX DIVORCED	Baltimore	County	MD.
offer of the floor of the ded with		TY OR TOWN OF DEATH	LIF NOT IN SUC	CH FACILITY, GIVE STREET	ADDRESS)	ROTHER INSTITUTION	12g USUAL OCCUPATION	12FKIND C	F BUSINESS OF CITY
		ite Marsh	11224	Philade	elphi	a Rd.	(Type of work for most of wo Foreman	Wate	er Dept.
t hour doe in doe	13a. S	AL RESIDENCE (IF NURSING HOME O TATE 136 COU	NTY	13r CITY OR TOW	N 1	13d INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIE	CODE	
A EE D		d. Bal	to.	White I	Marsh		11224 Phi		
within pletely f d 2 sho	1	THER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN NA/	MIDDLE	211	g Z
executed was		uiseppe DiGr		160 SOCIAL SECU	PITY NO	Louisa Vo	ADDRESS		
e execut n and co Pages 1	- (1	(IF YES, GI	VE WAR OR DATES)	214-40			regorio,540	0 13 Mil	e Lane
- 0 0 0	1								CIMATE INTERVAL ONSET AND DEATH
certificate ing physici rbon paper ir removol.		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	ED BY:		ie i ha	White Man	rsn, Ma. 21.	102 BETWEEN	ONSET AND DEATH
certh ling I rren ric ev		IMMEDIA	TE CAUSE (o)			- V			
e deoth ce totendin nove corb lotion, or i		Conditions, if ony, which	DUE 10, O	r as a consequi	NCEOF				
he d he o emo		gove rise to immediate couse (a), stating the	DUE TO O	R AS A CONSEQUI	NICE OF				
by the ose ren	1	underlying couse lost	(6)	K A3 A COI43EO01					
requires that the requires that the signed by the Then please rem rate burial, cremainjury, or other the remainjury, or other the signer.	_	PART 2 OTHER SIGNIFICANT	CONDITIONS C	ontributing to i	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITIO	ON GIVEN IN PART 1	0
require en signe Then por to bu	S S		vethrit				ev.		
low re ermit. I e prior	CERTIFICATION	19a DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATION	WAS PERFORMED	IN	ERTIFYING CAUSES	OF DEATH?
The lo iicion.	RTIF	71n ACCIDENT WAS UNDERLYING	7 216. TIME C	NE INTITION		11. HOW INTURY OCCURE	YES NO	YES	NO [
ZNOTO		OR CONTRIBUTING CAUSE OF DE			AY YEAR	THE HOW INJURY OCCUR	CED (ENTER NATURE OF INJURY IN	ITEM IB PART TORPART 2)	
PHYSICIAI nding ph his certifi e buriol-tr d Mentol	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED		.M. OF INJURY	19	21f LOCATION			
offer this cost the board or the doctor	ME	WHILE NOT WHILE		REET FACTORY, OFFICE, F	ARM ETC }	STREET	CITY OR TOWN	COUNTA	STATE
DING PI or offer the ce os the morked		22a.] certify that (1) (this has	etel) ottended th	ne degeosed/from		10/ 30/10.81	10 Presen	19	that (I) Jumi last
TOR: or us of He		saw the deceased alive a	n	2/5/19/	5_, on	that in (my) (auth opinion o	death occurred on the date o		
OR AT OREC DIREC Dept. of Pept. of		obove, (I) (we) (did) (did n 22b SIGNATURE	ot; view the body	offer death.		EGREE		22c. DATE	SIGNED
AL OR AL OR AL DIRECTOR Dept.		D. H. S.	replace	me	h	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	13/2	5/85
HOSPITAL (ined by the FUNERAL (ind be deto und be deto he store (ind be deto the store (ind be deto the store (ind be deto the		22d PHYSICIAN'S NAME (TYPE	OR PRINT)			22e ADDRESS			
		Dr.	Sh	erbourn	e	Franklin	Square Med	. Center	
5 g 5 g g g		BURIAL, CREMATION, REMOVA	23b. DATE			METERY OR CREMATORY	23d LOCATION	COUNTY	STATE
BP	E	Burial	3/27			Hill	Balto.,	Md.	
DHMH - 16 50M 4/83	24 FI	JNERAL DIRECTOS Chim	inek Fu	neral H	o,me,	Inc. 250 DAT	E REC'D, BY REGISTRAR 256	REGISTRAR'S SIGNA	TURE
(VRA 15, 4)		9/05	selair	ка., ва	Ito.	Md. 21236	AP 26 1085	- ^ ^	- notetice

080180	b .	FOR	-22a 5/6/8	5 mtb	T#603 STA	TE OF MA		HYGIENES	0	6 8 6	2
OOURG	1 1 -	STATE REGISTRAR			DICAL EXAMIN				REG. NO).	
•		CEASED NAME E OR PRINT)	FIRST		MIDDLE	LAS		2a DAT	E KNOWN	MONTH DAY	YEAR 26 HOU
2000		r Ou randi	PETER		JOHN	DIL	BA, JR.	OF DEAT	H MATED	3-2-85	9
SARY, PLASE ALD DIRECTOR, 8 YOUR PILES HIN 73 HOURS HIN 75 HOURS	1. SEX		4 RACE 5.	DATE OF BIRTH	6 AGE (IN YE LAST BIRTHD		R 1 YR. IF UNDER	R 24 HRS. 2c. DA		MONTH DAY	YEAR 24. HOU
S S S S S S S S S S S S S S S S S S S	Ma		White		1957 28 27		DA13 HOURS	DE	AD	3-2-85	9 3PM,
FCESSA NNERAL NOR Y		RTHPLACE (ST	ATE OR 7b	. CITIZEN OF WH	IAT COUNTRY?	8. MARRIED	☐ NEVER MARK	RIED 9. BALT	MORE CITY O	R COUNTY OF DE	ATH
AN SAN SAN SAN SAN SAN SAN SAN SAN SAN S		ryland	/	U.S.A.		WIDOWED		D.		e County	M
2 開発音	W	TY OR TOWN (OF DEATH	LIE NOT IN SUCH PAG	PITAL, NURSING HOMI		INSTITUTION	FOR MOST OF W		OF WORK 12b KINE OR I	D OF BUSINESS INDUSTRY
BO SER	USIL	dgemere	IE IN NUMBER HOME OF O	2407 Car	rolyne Aven	ue		Carpent	er	Cons	truction
SCHOOL STATE	13a. S	TATE	COUNTY		13c. CITY OR TOWN	13d	INSIDE CITY LIMITS?	13e STREET ADD			
9 448		ryland	Baltim	ore	Edgemere		ES NO	1 2 10 7 00	rolyne	Avenue	21219
4-8992		FIRST	N	NDDLE	LAST		MOTHER'S MAID	ENNAME	MIDDLE	=	
6 Sept. 6		ceris	EVER IN U.S. ARMED	D FORCES?	Dilba, S		Emma INFORMANT		M.	Gie	
SION SION	{Y	ES, NO, OR UNKNO	(IF YES, GIVE WAR		220-68-07	1	Elmm n M	73-15-		302 Bayf	
A SOLAS	No	18 CAUSE OF	DEATH (Enter anly a	ne cause per line		00 1	Emma M.	Adolio	E	APPE	MD. 2121
TE WATER		PARTIDE.	ATH WAS CAUSED BY	Y:	Narcotism					BETWE	EN ONSET AND DEATH
MAIO TAN		1	IMMEDIATE C	, , , , , , , , , , , , , , , , , , , ,	AS A CONSEQUENCE	OF				1,000	Key I
PRE ANS			s, if any, which e to immediate	(b)							
DI W. PR TED WITH V PENCII VAL - TRA MENTAL N, OR RE			stating the <u>under-</u>	<	AS A CONSEQUENCE	OF					
S, 201 W. PI ECUTED WITH S." IN PENCIL IL EXAMINE URIAL - TRAI IND MENTAL TION, OR RE				(c)						163	17.0
D SOGWAA	-	PART 2 DTHES SIG	INFICANT CONDITIONS CON	TRIBUTING TO DEATH I	BUT NOT RELATED TO THE TERM	AINAL DISEASE OR	CONDITION GIVEN IN PA	ART 1 to .		The said	
L RECORI ULD BE ED "PENDIN "PENDIN BD NS A B	CERTIFICATION	19a, DATE OF	OPERATION	I							
ALR OULD FEE	ICA	190. DATE OF	OPERATION	196, CONDIT	ION FOR WHICH OPER	RATION WAS	PERFORMED?				TOPSY?
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NO NO ITHE VUID VUID R TO R TO			OR G CAUSE OF DEA		MONTH DAY YEAR	R	INJURY OCCUR	ED TEMIER MATORE OF	INJURY IN HEM 18 P	ART I OKPART 2}	
ISION ING TI SHOU PRIOR	MEDICAL	21d INJURY O	CCURRED	21e PLACE C		211 LOCAT					
	ž	WHILE AT WORK	NOT WHILE	STREET, FACTI	ORY, FARM, ETC)	STREE	Т	CITY OR	IOWN	COUNTY	STATE
DIV GER: THIS CE CATE, WRITH FORWARDE OR: PAGE 3 HE STATE DI ND, 21201 F				(4)	9 4 1 1 1 1 1	1.1	X, Inspectio			1.	
A A B A B A A		death resulte			Accident . Su	Autapsy	Mamicide	un . Inquii Undetermined		d in my apınian	
EXAMI DEENTED BE DIRECTORY		dealli resolle	M acces	- 1	Accident	ncide,	TITLE (SPECIFY)	Ongerermineg	normer,		
MAN WAR		ACTUAL SIGNATURE_	MOUNT	te m	eyfrell	M.D.		ntmedical ex	AMINED	DATE SIGNED 3-	3-85
SEA SH					33 M					3101120	
TO MEDICAL EXAMI EXECUTE THE CERTIF PAGE 4 SHOULD BE TO FUNERAL DIREC AFTER DATH, WITH		(TYPE OR PRIN	NAME Marg	arita A.	Korell,M.	D. ADI	DRESS	Penn Str	eet		
5×45×4	23a. B	JRIAL, CREMAT	ION, REMOVAL 23b.	DATE	23c. NAME OF CE	METERY OR C	REMATORY	23d. LOCATION		COUNTY	STATE
07/84 BP/0/0	Bu	cial	3	/6/1985	Garden	s Of F		Baltim	ore		Maryland
25M DHMH - 17	24. FI	NERAL DIRECT	^{TOR} Duda-Ruc	k, Inches			25a. DATE	REGD. BY REGIST	100	STRAR'S SIGNATUR	
(VR A15 ME (5))	79	22 Wise	Avenue	Dundalk	MD. 2122	2	IVIA	198	DG / / re	- mily come	190 Kinske

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STATE OF MARYLAND STATE REGISTRAR

DEPARTMEN	T OF	HEALT	H AND	MENTAL	HYGIENE
C	ERTI	FICA	TE OF	DEATH	

	REG. NO.					
	March 2	2,	198		25. HOL	IR O A A
	6. AGE (IN YEARS LAST BIRTHD	AY)	IF UND	ER I YEAR	IF UNDER	24 HRS
Ì	75	YRS.	MONTHS	DAYS	HOURS	MIN.

1. DECEASED NAME FIRST (TYPE OR PRINT)	Marie	P. d	iLeor	diLeo	nardi	March	22	1985	6 20 A
3. SEX	4. RACE		5. DATE OF 8			6. AGE (IN YEARS LAST I	BIRTHDAY)	IF UNDER 1 YEAR	
Female	White		Apri:	L S	1909	75	YRS.	MONTHS DAYS	HOURS M
70. BIRTHPLACE STATE OF FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8. MARRIED	NEVER	MARRIED -	9. BALTIMORE CITY	OR COUNT	OF DEATH	
Maryland	USA		WIDOWED		NORCED	Baltimor	e Coun	ty	1 1 1 1 1 1 1 1 1
10. CITY OR TOWN OF DEATH		11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TOWSON CONVALESCENT HOME			12a USUAL OCCUPA (TYPE OF WORK FOR MOS			OF BUSINESS	
Towson	Towson				Homemake	r	Own	Home	
		GIVE RESIDENCE BEFORE 134. CITY OR TOWN Lutherv	113	d. INSIDE	CITY LIMITS?	130. STREET ADDRESS		oad	21093
TA FATHER'S NAME FIRST Vincent	MIDDLE	Paturzo	15		'S MAIDEN NAI FIRST Inette	ME		Bres	
160 WAS DECEASED EVER IN U.S (YES, NO OR UNKNOWN) (IF YE	S. GIVE WAR OR DATES!	166 SOCIAL SECUI 215-50-		Joan		1503 A			1093
18. CAUSE OF DEATH (Enter PART I, DEATH WAS CA	er anly ane cause per AUSED 8Y: DIATE CAUSE (a)	line for (a), (b), and Cerelino Vas	cular	Hirom	bans , 1	recurrent	und	BETWEEN 5 day	ONSET AND DEAT

(yes, no or unknown) No	(IF YES, GIVE WAR OR DATES)	215-50-2128	Joan M.	Taavon	Lutherville,	
18. CAUSE OF DEAT PART I. DEATH W	H (Enter only one cause per 'AS CAUSED 8Y: IMMEDIATE CAUSE (a)	Cerebro Vascula	Hormber	is, Rece	went and	BETWEEN ONSET AND DEATH 5 days.
Conditions, if ony,	DUE TO, OF	Previous CVA	rumerous	ns Rt & A	left carning	years.
	ng the DUE TO, OF	RAS A CONSEQUENCE OF	tremips	peris .	7	years.
PART 2. OTHER SIGN	VIFICANT CONDITIONS CO	NTRIBUTING TO DEATH BUT	NOT RELATED TO T	HE TERMINAL	DISEASE OR CONDITION GIV	EN IN PART 11a

FICAT	196. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION	N WAS PERFORMED	20s AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH	
ERTI	21g. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c HOW INJURY OCCURRE	YES NO	YES _	NO 🗆
0 1	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH DAY YEAR	THE HOW HOJORI OCCORRE	D (ENIER NATURE OF INJUI	TIN HEM 18 PART I OR PART 2)	
5	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M. 19				
MEDI	21d. INJURY OCCURRED	210. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	21f. LOCATION STREET	CITY OR TO	wn COUNTY	STATI

216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
21d. INJURY OCCURRED	21e. PLACE OF INJURY	21f. LOCATION STREET CITY OR TOWN COUNTY

NOT WHILE 22e.1 certify that (1) (this hospital) attended the deceased from sow the deceased glive on March 18 19 and that in (my) (aux) opinion death occurred an the date and hour and from the causes stated

sow the deceased alive on obove, (I) (mentally) (did not) view the body after death. DEGREE M.D. 22c. DATE SIGNED 226. SIGNATURE 3-22, 1985

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS

GOLPIRA, M.D.

3029 Dundalkane. Balto, Md. 21222

BURIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION	COUNTY	STATE
Cremation	3-23-85	Westview	Baltimore		MD

DHMH - 16 50M 4/82 (VRA 15, 4)

BP.

10 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician

attending physicio PHYSICIAN:

should be detached for use as the burial-transit permit. Then please with the State Dept. of Health and Mental Hygiene prior to burial, or

IMPORTANT: If Hem 21 is morked or Hem 18 shows ony

injury, or other troumatic

Ruck Towson Funeral Home, Inc.

24 FUNERAL DIRECTOR

1050 York Rd. Towson, MD 21204 MA

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

STATE

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS

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9		0	0	9	- 4

	1 -	STATE REGISTRAR			DEI ARTI		ICATE OF DEATH	REG. N	0.		
		CEASED NAME OR PRINT)	JOHN		MIDDLE SEPH	DILLO	ast ON	20. DATE OF DEATH MARCH		DAY YEAR	2b. HOUR
	3. SEX	(ale	4	RACE White		5. DATE C		6. AGE (IN YEARS LAST BE	~	FUNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
)					WHAT COUNTRY?	0	D NEVER MARRIED	Baltimore City of Baltimor			MD.
1		ty or town of dea Towson		16A A	Corn Cir	cle	Apt. 202	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST) Attorney	OF WORKING LIFE	Federa	of BUSINESS OR
2	13a. S	Maryland	136 COUNT		13c CITY OR TOW Towson	'N	13d INSIDE CITY LIMITS?	13e STREET ADDRESS 16A Ac	/ ZIP CODE orn Ci	Apt. rcle	202 21204
1		THER'S NAME VILLIAM Edv	ward Ď	illon	LAST		15 MOTHER'S MAIDEN NA FIRST Agnes	Loretta Th		n LAS	л
,	CY	VAS DECEASED EVER VES. NO OR UNKNOWN) NO		WAR OR DATES)	166. SOCIAL SECU 217-44-0		Ruth W. Dill	on Same			
		Conditions, if ony, gove rise to imm couse (o), statin underlying couse	MAS CAUSED MMEDIATE which nediate g the lost.	DUE TO, O DUE TO, O DUE TO, O (c)	R AS A CONSEQUE	ENCE OF	a Strok			sis	IMATE INTERVAL ONSET AND DEATH
1	CERTIFICATION	PART 2 OTHER SIGN					NOT RELATED TO THE TERM	200 AUTOPSY?	20b. IF YES, IN CERTIFY	, WERE FINDING CAUSES	NGS USED
)		218, ACCIDENT WAS UND OR CONTRIBUTING C	CAUSE OF DEAT	n	DE INJURY M. MONTH DA M.	AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	IRY IN ITEM 18 PA	ART 1 OR PART 2)	
	MEDICAL	214. IN JURY OCCURE			OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC }	21f LOCATION STREET	CITY OR TO	OWN	COUNTY	STATE

21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE

211 LOCATION CITY OR TOWN COUNTY

220.1 certify that (1) (this haspital) attended the deceased and that in (my) (our) apinion death occurred on the date and hour and from the causes stated 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING PHYSICIAN MEDICAL STAFF

A.H. Ghiladi, M.D.

22e. ADDRESS 7600 Osler Drive Towson, Md.

21204

STATE

23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 23b. DATE Burial 3/8/85 Dulaney Valley Memorial 6500 York Rd. 250 DATE REC'T Timonium, Balto 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR

DHMH - 16 50M 4/83 (VRA 15, 4)

this certificate has been

O FUNERAL DIRECTOR:

IMPORTANT: If Hem 21 should be detached for with the State Dept. of

Mitchell-W iedefeld Home, Inc. Balto., Md.21212 MAR

Ma Davidson-Randell

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HY GENES MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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DEC		0	0	

	CEASED NAM	E FIRST		MIDDLE	LAST		20 DATE OF	KNOWN XX	MONTH DA	YEAR 26 HOUR
		Abriam			Dix	on Jr	0.0 . 0.1	MATED	3 12	2 19 85 M
3 SE	X	4. RACE	5. DATE OF BIRTH	6. AGE (IN Y		III OTTOLIN			MONTH D	YEAR 24 HOUR
j	Male	Black	11/09/19		RS. 4 3	HOURS	MIN PRONOUT		3 12	2 19 85 5:35P
	IRTHPLACE (STATE OR	76. CITIZEN OF WH	IAT COUNTRY?	8 MARRIED	NEVER MARRI	P. BALTIN	ORE CITY OR	COUNTYO	
1000	arylan	d	U. S.	Α.	WIDOWED [DIVORCI	25	BALTIMO	DRE CO	DUNTY MD.
	ITY OR TOWN			PITAL, NURSING HOM	E, OR OTHER INST	TUTION	12a USUAL OCCU		OF WORK 12h	KIND OF BUSINESS OR INDUSTRY
R	andalls	town		re County (General H	ospita]	None			
USU			OR OTHER INSTITUTION, GIV	E RESIDENCE BEFORE ADMISS	ION)	DE CITY LIMITS?	In STREET ADDRES	7402	Lesada	Dr. Apt. 2E
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44. F	ATHER'S NAM	E			15 MO	THER'S MAIDE	N NAME		7	
1	Abria	n	MIDDLE	Dixon.	Sr.	Joan	٨	AIDDLE	C	ockrell
	WAS DECEASE	DEVER IN U.S. AR		16b. SOCIAL SECURI		RMANT	7402	ADDRESH.		e Apt. 2 B
- {	NO.	OWN) (IF YES, GIVE	WAR OR DATES)	None	Toar	n Cockr				and 21207
Ī		OF DEATH (Enter on	ly one couse per line		JO Odi	1 COCKE	CII DUI	JIMOI C,		APPROXIMATE INTERVAL
	PARTID			den Infant	Death Sv	ndrome			В	ETWEEN ONSET AND DEATH
-	179	8 OIMMEDIA		AS A CONSEQUENCE		TOL OTHE				
	Conditio	ins, if any, which								
-	gave	ise to immediate) stating the under-		AS A CONSEQUENCE	OF					
	gave	ise to immediate) stating the <u>under-</u>		AS A CONSEQUENCE	OF					
	gave to couse (d lying ca	ise to immediate) stating the <u>under-</u> use last.	DUE TO, OR			TION CIVEN IN PAG	PT 1 is			
NO	gave to couse (d lying ca	ise to immediate) stating the <u>under-</u> use last.	DUE TO, OR	AS A CONSEQUENCE		TION GIVEN IN PAI	RT 1 (a)			
ATION	gave in course (course (course (course for a laying course))	ise to immediate) stating the <u>under-</u> use last.	OUE TO, OR (c)		MINAL DISEASE OR CONDI		RT 1 to		120	D AUTOPSY?
FICATION	gave in course (course (course (course for a laying course))	ise to immediate) stating the <u>under-</u> use last. IGNIFICANT (ONDITIONS	OUE TO, OR (c)	BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDI		₹ ↑ (a)		20	
ERTIFICATION	gave of course (course (course (course)) PART 2 OTHER:	ise to immediate) stating the <u>under-</u> use last. IGNIFICANT (ONDITIONS	OUE TO, OR (c)	BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDI	ORMED?		JURY IN ITEM 18 PA		D AUTOPSY? YES KX NO □
AL CERTIFICATION	gave of couse (couse (c	ise to immediate) stating the under- use last. IGNIFICANT CONDITIONS F OPERATION AL CAUSE WAS G OR	CONTRIBUTING TO DEATH II	OUT NOT RELATED TO THE TER ION FOR WHICH OPE INJURY . MONTH DAY YEA	MINAL DISEASE OR CONDI	ORMED?	RT 1 (0)	JURY IN ITEM 18 PAI		
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DHMH - 17 (VR A15 ME (5)) Burial

24. FUNERAL DIRECTOR

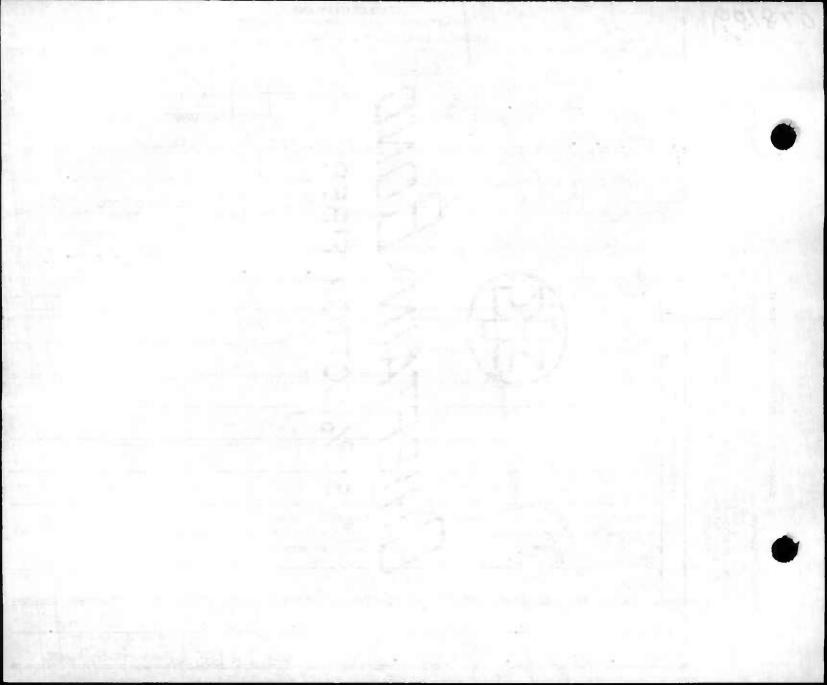
Mar. 18.1985 Welcom Home Cemetery

Bel Air Harford 250 DATE REC'D. BY REGISTRAR

Md.

Howard K. McComas III. Abingdon, Md. 21009

wha Davidson-Rando DO.



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080184 FOR - STATE DEPA

STATE OF MARYLAND	-	0	£	- 13
RTMENT OF HEALTH AND MENTAL HYGIENE 🔾	3	O	0	0
CERTIFICATE OF DEATH				

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		CEASED NAME	FIRST		WIDDLE	LA	AST		2ª DATE O	PDEATH	MONTH	DAY	YEAR	2b. HOUR
1		Katl	nerin	R	J.	Dom	iniK			0	13	02	85	03:40
1	3. SE			RACE		5. DATE O			6 AGE IN	-	HDAY	MONTHS	ER I YEAR	IF UNDER 24
1	F	emale		W	Lite	MONTH 2	13	1895	1 8	9	YRS		DAY5	HOURS .
1		IRTHPLACE (STATE OR	FOREIGN 7	b. CITIZEN OF	WHAT COUNTRY?	8			9 BALTIMO	RE CITY O			EATH	
1		Poland		U.S.	A	WIDOWEL	DIVO	RCED [В	altim	ore (Coun	tv	
41	10 C	ITY OR TOWN OF DEA	ATH 1	1. NAME OF	HOSPITAL, NURSIN	NG HOME O			12a. USUAL	OCCUPATE	ON	126	KINDO	BUSINES:
6	1	Baltimore			y Hospit	_			(TYPE OF WOR	omema		TIEE! IN	DUSTRY	
	USU,	AL RESIDENCE (IF NURS	13b COUNT	THER INSTITUTION		E ADMISSION]	13d. INSIDE CITY	/ Lineites	13e STREET			De	Perr	Hal
)		Maryland		timore	Perry H			10X	5205					211
27		ATHER'S NAME		IDDLE	LAST		15. MOTHER'S A			MIDDLE				
H	1	Walter	M	-	Baro	n	An	na		MIDDLE			(ASI	
		WAS DECEASED EVER			166 SOCIAL SECU	-	17. INFORMAN			ADDRE	SS 5 20	5 F.	rge	Pond
/		NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	378-07-1	013	Mrs. W	lliam	Huppe	rt -	Per	ry H	lall,	Md.
		18 CAUSE OF DEAT PART 1. DEATH W	H Enter only	one cause per	line far (a), (b), an	id ic	n						BETWEEN	NATÉ INTERVA
		TAKI I. DEATH	IMMEDIATE	CAUSE (a)	espira	tone	faile	re				1	Nou	rs .
9					W .									
-		00%		DUE TO, OF	R AS A CONSEQUE	ENCE OF	3							
		Conditions, if any,			PAS A CONSEQUE		ia					+	100	5
		Conditions, if any, gave rise to immediate (a), statir underlying cause	mediote ig the	(b)		200	ia				H	F	10 U	rs
	NO	gave rise to imr	nediote ng the last.	DUE TO, OF	PREUT RAS A CONSEQUE	ENCE OF		O THE TERM	INAL DISEAS	e or coni	DITION G			
2	IFICATION	gave rise to immediate (a), stating underlying cause	nediote ng the last.	DUE TO, OF	PREUT RAS A CONSEQUE	ENCE OF	NOT RELATED TO		20s AUTO	DPSY?	206. IF Y	ES, WER	PART III	GS USED OF DEATH
2	CERTIFICATION	gave rise to immoduse (a), static underlying cause PART 2 OTHER SIGN	nediote ng the last. NIFICANT CO	(b)	R AS A CONSEQUE ONTRIBUTING TO E ITION FOR WHICH FINJURY	ENCE OF DEATH BUT N OPERATION	NOT RELATED TO	AED	206 AUTO	NO K	20b. IF Y	ES, WER	PART IIIO RE FINDIN CAUSES	GS USED
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074097 STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGUENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME Raymond Toseph Donahue 2a. DATE OF DEATH 6. AGE (IN YEARS LAST BIRTHDAY) 4 RACE 5. DATE OF BIRTH MONTH 85 1900 White March Male YRS To. BIRTHPLACE ISTATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Maryland Baltimore County USA WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Towson Ret. - General Accountant USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 13e.STREET ADDRESS / ZIP CODE 13a. STATE 13b. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? Maryland Baltimore Cockevsville YES [2C Lemmon Grove Ct., 21030 NO IX 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE John Donahue Rose 16b SOCIAL SECURITY NO. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT ages (YES, NO OR UNKNOWN) LIF YES, GIVE WAR OR DATEST 212-05-6483A Flanigan, 8213 White Manor No Margaret D. 18 CAUSE OF DEATH (Enter only one cause per like for (a), (b), and (c). PART I. DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE & Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? NO 716 TIME OF INJURY 71n ACCIDENT WAS UNDERLYING 00 HOUR A.M. MONTH DAY YEAR Mentol h OR CONTRIBUTING CAUSE OF DEATH (SE ESTHER NOTHEY MEDICAL EXAMINER) 211 LOCATION 0 21d. INJURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO F YES [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) MEDICAL COUNTY STATE (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from_ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated sow the deceased alive on. above, (1) (we) (did) (did not) view the bady after death DEGREE 22c DATE SIGNED 226. SIGNATURE MEDICAL ATTENDING STAFF DIRECTOR PHYSICIAN FAULKNER 23a. BURIAL, CREMATION, REMOVAL 236. DATE (SPECIFY) New Cathedral Cemetery Catonsville Balto, Md. Burial 3/15/85 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE Martin D. Lawson, 10 W. Padonia Rd.

DAY

YEAR

IF UNDER TYEAR

26. HOUR 30

HOURS

12b. KIND OF BUSINESS OR

BG & E

Daugherty

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

IF UNDER 24 HRS

DHMH - 16 50M 4/83 (VRA 15, 4)

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THE TO E A DE LE LA CALLANTE DE LA CALLANTE D 1 Ltyl at Ellithors at Carley with a Carley and Ellis at 1., 21030 a final a manda I and the second of the second Martin L. Jacobs, N. O. N. Labobs L. L. L.

r requires that the death centricine be executed within 24 hours after death. To see signed by the attending physician and completely filled in by the funeral did. Then please ember carbon papers. Pages I gold 2 Mould be filed within 72 km.

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN CERTIFICATE OF DEATH

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1 - STATE REGISTRAR		Jet Allin	CERTIF	ICATE O	FDEATH	T O I LIGHT	REG	. NO.				
1. DECEASED NAME FIRST		MIDDLE	L.	AST		20. DA	TE OF DEATH	HINOM	DAY	YEAR	2b. HO	UR
(TYPE OR PRINT) JOHN	FRI	EDERICK		DORSC	H			3	17	85		٨
3. SEX	4. RACE		5. DATE C			6 AGE	(IN YEARS LAST	BIRTHDAY)		DER I YEAR		R 24 HR5
MALE	WHITE		MONTH 3	15		86		YR			HOURS	MIN.
BIRTHPLACE (STATE OF FOREIGN	16. CITIZEN OF	WHAT COUNTRY?	8. MARRIES	D NEV	ER MARRIED	R 9 BALT	IMORE CIT	Y OR COU	NTY OF E	HTASC		
MARYLAND	USA	A.	WIDOWE		DIVORCED [BA	LTIMOH	RE COU	INTY			M
CITY OR TOWN OF DEATH	(IF NOT IN SUC	HOSPITAL, NURSING	DDRESS)			(TYPE O	UAL OCCUP	ST OF WORKIN	G LIFE) IN	26. KIND C NDUSTRY		
TOWSON SUAL RESIDENCE (IF NURSING HON		Y VALLEY I		NG HU	ME		INKNOW	N A A A	000	الانتداء	Ju. I	TART
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4. FATHER'S NAME		116		15. MOTH	ER'S MAIDEN	NAME						
G EORGE	MIDDLE	DORSCH			ANNA		MIDDL	t		ARNI		
60 WAS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SECUI	RITY NO.	17 INFOR	TAM		AD	DRESS				
(YES, NO OR UNKNOWN) (IF YES	S. GIVE WAR OR DATES)	212-10-	2009	Tac	queline	ROV	3704 1	Perrv	Ha.]]	Rd.		2112
gave rise to immediate course (a), stating the underlying cause last	DUE TO, O	R AS A CONSEQUE	NCE OF									
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THE DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 COND	ITION FOR WHICH	OPERATIO	N WAS PE	RFORMED	20a YES	AUTOPSY?	IN CE		RE FINDIO G CAUSES		TH?
OR CONTRIBUTING CAUSE O	F DEATH HOUR A.	FINJURY M. MONTH DA M.	Y YEAR	21c. HOV	V INJURY OCC	URRED (EN	TER NATURE OF	INJURY IN ITEM	18 PART I	OR PART 2)		
(IF EITHER, NOTIFY MEDICAL EXAM	21e. PLACE (AT HOME STI	OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC)	211 LOC	ATION PREET		CITY O	RTOWN		COUNTY		STATE
22a I certify that (I) (this h sow the deceased alive	e on March	1 66 198		nd that in (, 19 <u>20</u> my) (ou r) opinio						that (1)	
hach	0/2	lon		DEGREE	ATTENDING PHYSICIAN	MEDI	ICAL STOR PHY	TAFF SICIAN [22c. DATE	SIGNED) 'J
TRANK KUEHN		hone 821-	8262)	760	RESS O Oslei	r Dr.	Room	213 T	owso	n, Má	1. 2	120

23c. NAME OF CEMETERY OR CREMATORY

BP

DHMH - 16 50M 4/B3 (VRA 15, 4)

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HA BURIAL CREMATION, REMOVAL Burial IN FUNERAL DIRECTOR

Lassonhy Kyneral Home

3-22-85 St. Matthews

BAKTMORE, ME M

236. DATE

St. Matthews Cemetery Baltimore City, Maryland

23d. LOCATION

156. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGINE FOR

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١.	REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	10.		
	CEASED NAME FIRST	M	IDDLE		AST	20. DATE OF DEATH	MONTH D	AY YEAR	26 HOUR
{TYP	WILLIAI	n E	. 00	DRSE	y		3 31	85	0/34200
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15	m	Bla	ck	MONTH	2 1902	82	YRS	ONIA3 DATS	HOURS MIN.
		CITIZEN OF W	VHAT COUNTRY?	8.	NEVER MARRIED	9. BALTIMORE CITY	OR COUNTY	OF DEATH	
	aryland	U.S.A		WIDOWE		Baltimor	e Cour	ntv.	MD.
10 C	ITY OR TOWN OF DEATH		OSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUPA	ION	126. KIND O	F BUSINESS OR
Ra	ndallstown	mm 19 0	_		General Hos	pital	OF WORKING (IFE)	INDUSTRY	
USU	AL RESIDENCE (IF NURSING HOME OR O		GIVE RESIDENCE BEFORE		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	/ 7IP CODE	212	208
			Pikesvi		YES NO X	4615 Ch		y Hill	Lane
14. F/	ATHER'S NAME	IDDLE	LAST		15. MOTHER'S MAIDEN NA	ME			
	Walter	DOLE	Dorsey	7	Bessie	WIDDLE		Johns	
16a \	WAS DECEASED EVER IN U.S. ARM		16b. SOCIAL SECU	RITY NO.	17 INFORMANT	ADDI	ESS		
-	NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)	215-05-	2468	Eva Dorsey	4615 Ch	ickory	7 Hill	Lane
	18 CAUSE OF DEATH (Enter only	ane cause per l	ine far (a), (b), and	d (c+.)				BETWEEN	MATE INTERVAL ONSET AND DEATH
	PART I. DEATH WAS CAUSED	BY.	PRNI	Ar.	ASYSTO	15			
	IMMEDIATE		C	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1101010	1	1 1	1	
	Canditions, if any, which	DUE TO, OR	AS ACONSEQUE	T D	muncard	en, inf	ration		
	gave rise to immediate	(p) <u>*</u>	0200		The state of the s	0			
	cause (a), stating the underlying cause last.	DUE TO, OR	AS A CONSEQUE	NCE OF					
-	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CO	NTRIBUTING TO F	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COL	NDITION GIVE	N IN PART 1	g.
Z	TAKE 2 OTHER SIGNAFICANT CO),,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	TATALOG TO E	222111	NOT REPAIRED TO THE TERM	THE DISERSE ON CO.			
CERTIFICATION	190 DATE OF OPERATION	19b. CONDIT	ION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		WERE FINDIN	
FE						YES NO	IN CERTIFY YES	ING CAUSES	NO
100	71a. ACCIDENT WAS UNDERLYING	21b. TIME OF			21c. HOW INJURY OCCURE		URY IN ITEM 18 PA	RT I OR PART 2)	
100	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M		Y YEAR					
MEDICAL	21d. INJURY OCCURRED	21e. PLACE C		17	211. LOCATION				-
¥	NOT WHILE AT WORK	(AT HOME, STRE	ET, FACTORY, OFFICE, F	ARM, ETC]	STREET	CITY OR I	OWN	COUNTY	STATE
	22a.1 certify that (I) (this haspite	all attended the	deceased from	4	19 19	6010 3/	30	9 8	that (I) (we) last
	saw the deceased alive an	31.70	19	85.0	nd that in (my) (aur) apinian	death accurred an the	date and hour		
	abave, (!) (we) (did) (did nat) 27b. SIGN/ATURE/	view the body	ofter debth.	-	DEGREE			22c. DATE	SIGNED
	Hajor d	1,10	10000	,	ATTENDING	MEDICAL ST.	AFF ICIAN D	3-3	1-85-
	22d. PHYSICIAN'S NAME (TYPE OR	PRINTI	COG	1	22e ADDRESS	J DIRECTOR [] TITIS	CIAIVE	100	, 00
	HALLEDS	D	9451)	BAITIM	DAECOUR	VIU	arno	Hors
22-	THE COLUMN STATES	1221 0475	125.4	IAME OF C	EMETERY OR CREMATORY	23d, LOCATION	77	4-11	71.701
	BURIAL, CREMATION, REMOVAL BURIAL	23b. DATE 4/4/8				CITY OF TOWN	F. 53	COUNTY	STATE
	DOKIAL	14/4/0	JIDE	· In	omas Cemete	rv Kalti	nore (Ounty	Md

DHMH - 16 50M 4/83 (VRA 15, 4)

APORTANT, if hem 21 is ould be detached for th the State Dept. of

ned by the hospital or TO FUNERAL DIRECTOR

24 FUNERAL DIRECTOR
Wm C^{ME} March F/H Inc. 1101^{DDR}E North Ave.

250. DATE REC'D. BY REGISTRAR 251/REGISTRAR 251/REGISTRAR

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	0	by se	oth
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	HC	TO FUNERAL DRECTOR: After this certificate that bears signed by the offending physicio should be directed for use as the Europi-transit permit. Then please remove corbon papers with the State Dept. of Health and Mental Hyppina prior to buriol, cremotion, or removal.	0
	TO HOSPITAL OR ATTENDING PHYSICIAN, The low requires that the death certificate be executed within 24 hours after death. Poge 4 retained by the hospital at attending physician	TO FUNERAL DEFECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral principal should be detected for use as the Europhianski premit. Then please remove corbon papers. Pages Lond 2 should be filed within 72 bourses with the State Dept. of Health and Mental Hyperen plian to bound, cremation, or removal.	IMPORTANT If Item 21 is married at Item 18 shows any injury, or other troumain event, the medicollessing hope confied of other

1069/	1 -	FOR STATE REGISTRAR			DEPARTM	ENT OF H	OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	GIEÑ S	O REG. NO.	6	3 7	
9 7		OR PRINTI	na =	Dors	sey.		uney	2a. DATE OF	DEATH MONTH	8	85	26. HOUR 9127AM
Sector po	3. SE	remale	4. RACI	ucas	ian	5. DATE C			EARS LAST BIRTHDAY)	RS.	THS DAYS	IF UNDER 24 HRS HOURS MIN.
deoth. Po	7a. Bl	RTHPLACE (STATE OR FORE) COUNTRY) Maryland	GN 76 CITI	ZEN OF W	HAT COUNTRY?	8 MARRIEI WIDOWE	DIVORCED	C	RECITY OR COL		DEATH	MD.
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in 24 hours ly filled in should be	13a S Ma	ryland	COUNTY COLLET IN	- 11	ve residence before 3c. CITY OR TOWN Towson	V	13d. INSIDE CITY LIMITS? YES NO		ADDRESS / ZIP (Lrginia ,	code Ave.	21204	4
ampletely ond 2 s		Charles	Jame		Dorsey		Margaret		WIDDLE		tasi	
be execu		VAS DECEASED EVER IN L YES, NOOR UNKNOWN) (18	J.S. ARMED FC YES, GIVE WAR OR		66 SOCIAL SECÜI 213-16-3		Self		ADDRESS			
rtificate a physicis on paper emavol. event, th		18 CAUSE OF DEATH (E PART I. DEATH WAS IM/	nter only one of CAUSED BY: MEDIATE CAUS		ne fogol, (b), and	el (cell Chr Sornce	cinon	uh,		BETWEEN C	MATE INTERVAL DINSET AND DEATH
that the death ce d by the attendin ease remove corb of, cremation			ote the ost	(b), JE TO, OR /	AS A CONSEQUE	NCE OF						
No. The low requires hysteran signe care has been after a bur Hygleen prior to bur 18 shows any injury.	CERTIFICATION	PART 2 OTHER SIGNIFIE 19a DATE OF OPERATION 2 - 26 - 8 21a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS	198 198 198 198	lik	ONFORWHICH	OPERATION WEST	NOT RELATED TO THE TER N WAS PERFORMED 21c HOW INJURY OCCU	20a AUTO	PSY? ZOB.	IF YES, W ERTIFYIN YES [ERE FINDING CAUSES	nrc)5'
NONC PHYSICIA B. After this certifuse as the biviola- tedith and Mentals is manked as flem.	MEDICAL	(IF EITHER, NOTIFY MEDICALE 21d. IN JURY OCCURRED WMILE AL WORK AL WORK 220.1 certify that (1) (1)	XAMINER) 21e (AI	P.M. PLACE OF HOME STREE	F INJURY T, FACTORY, OFFICE, FA	19	211 LOCATION STREET	to	CITY OR TOWN	19.		STATE that (I) (yet) last
O HOSPITAL OR ATTERIOR OF ATTERIOR OF ATTERIOR OF COLOR O		sow the deceosed of obove, LP(we) (did) 22b. SIGNATURE WM 22d. PHYSICIAN'S NAME	Carl	the body of	Welm		ATTENDING PHYSICIAN 27e ADDRESS 740005	(MEDICAL	STAFF PHYSICIAN		22c. DATE:	
BP Space		SURIAL, CREMATION, REA	AOVAL 236 [23c. N	_	EMETERY OR CREMATORY	CITY	ATION ORTOWN imore C	itv.	OUNTY Marv1	STATE
DHMH - 16 50M 4/83	24_FL	uneral director chell-Wiede		, ,	ADDRESS	500 3	ork Rd. 250 DA		EGISTRAR 256 RE	EGISTRAI		URE

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TO FUNERAL DIRECTOR. After this certificate has been signed by the oftending physician and completely filled in by the furieral dishould be detached far use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filed within 72 hawith the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remayal.

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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l' ·	REGISTRAR XC	76235	19		CERTIF	ICATE OF DEATH	RE	G. NO.		
	CEASED NAME	FIRST	٨	AIDDLE	į.	AST	2a DATE OF DEA	н момтн	DAY YEAR	26 HOUR A
(1172		NARD	SYI	LVESTER	DRI	MAL	MARCH L	1985		11:40
3 SE			RACE		5. DATE C		6 AGE (IN YEARS LA	ST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS. HOURS MIN.
	MALE	1	WHITE		FEB	RUARY 18, 192	5 6	O YRS	MOINTING DATS	MIN.
	IRTHPLACE (STATE OR FOR			WHAT COUNTR	110 0	NEVER MARRIED	9 BALTIMORE CI		Y OF DEATH	
	COUNTRY) RYLAND	1	U.S.A.		WIDOWE	_	BALTIMOR	TE COTIN	ηγ	MI
	ITY OR TOWN OF DEATH		. NAME OF H		SING HOME C	R OTHER INSTITUTION	120 USUAL OCCU	PATION	126 KIND C	OF BUSINESS OF
FO	RT HOWARD	1	VA MED	ICAL CE	VI'ER		Salesper			uto Par
13a S		HOME OR OT L COUNTY BALTI	1	GIVE RESIDENCE BEF 13c. CITY OR TO BALTIMO	NWC	13d. INSIDE CITY LIMITS?	13e STREET ADDR 2140 JASA	SS / ZIP COU	OAD	21222
14 FA	ATHER'S NAME	- 22				15 MOTHER'S MAIDEN NA				
	BERNARD	MID	DDIE	DRIMA	L .	Agnes	MIDE	t E	HOLS	ron
16a V	WAS DECEASED EVER IN			166 SOCIAL SE	CURITY NO.	17 INFORMANT	A	DDRESS		
	YES NO OR UNKNOWN) (WWII	VAR OR DATES)	219 10	6 8907	CLINICAL REC	ORDS, VAN	IC, FOR	T HOWAR	D, MD
	18 CAUSE OF DEATH								APPROX BETWEEN	KIMATE INTERVAL LONSET AND DEATH
	PART I. DEATH WAS	MEDIATE (CAUSE (D) BI	RONCHOP	NEUMONI	A			14 D	AYS
_	underlying couse	the lost	(c)			TIVE LUNG DIS		CONDITION G		EARS
CERTIFICATION	190 DATE OF OPERATIO	N	198 CONDI	ION FOR WHICH OPERATION WAS PERFORMED			20a AUTOPSY?	IN CERT	ES, WERE FINDI	
ER	21a. ACCIDENT WAS UNDER	LYING	21b. TIME O			21c HOW INJURY OCCURE				
	OR CONTRIBUTING CAU		HOUR A./	M. MONTH	DAY YEAR					
MEDICAL	21d INJURY OCCURRED		21e PLACE			211 LOCATION	CBY	OR TOWN	(OUNTY	STATE
×	WHILE NOT WHILE									
	sow the deceased	278 certify that X (this haspital) attended the deceased from FEBRIARY 15, 19.85, to MARCH 1, 19.85, that X (we) lost saw the deceased alive on MARCH 1, 19.85, and that in Xay) (our) apinion death accurred on the date and haur and from the causes stated above, (I) (we) (did) (did not) view the body after death.								
	226. SIGNATURE	151	75	W	- 10	DEGREE ATTENDING PHYSICIAN		STAFF YSKIAN 🙀	22c. DATE	/85
	22d. PHYSICIAN'S NAM					77e ADDRESS				0.000
	WEN-SHYA					VA MEDICAL C			ARD, MD	21052
	BURIAL, CREMATION, RE.	MOVAL	23b. DATE			EMETERY OR CREMATORY	23d LOCATION	/N	COUNTY	Maryla
E	Burial		3/7/1	985	Holly	Hill	White	Marsh		maryla

BP.

retained by the hospital ar ottending physician

(VRA 15, 4)

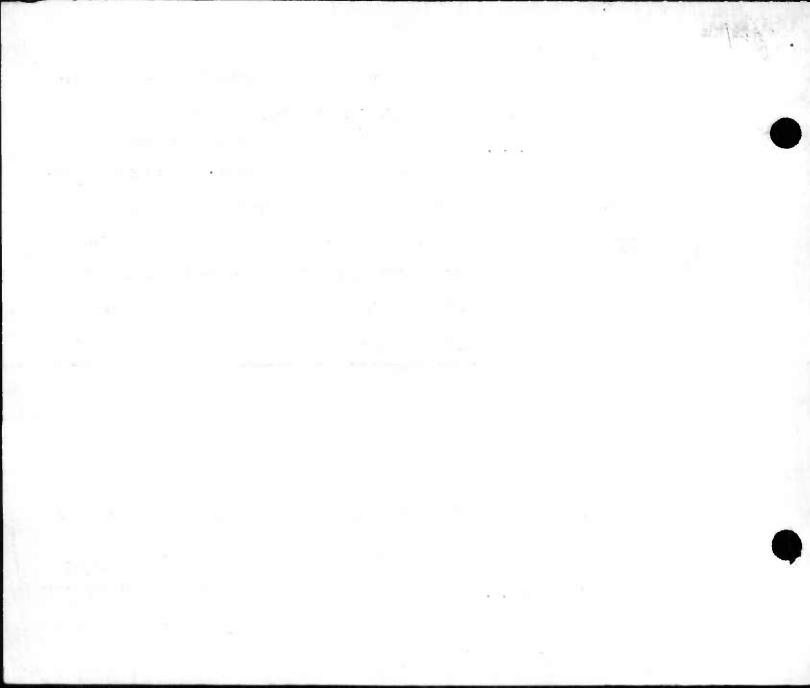
24 FUNERAL DIRECTOR DHMH - 16 50M 4/83 7922 Wise Avenue

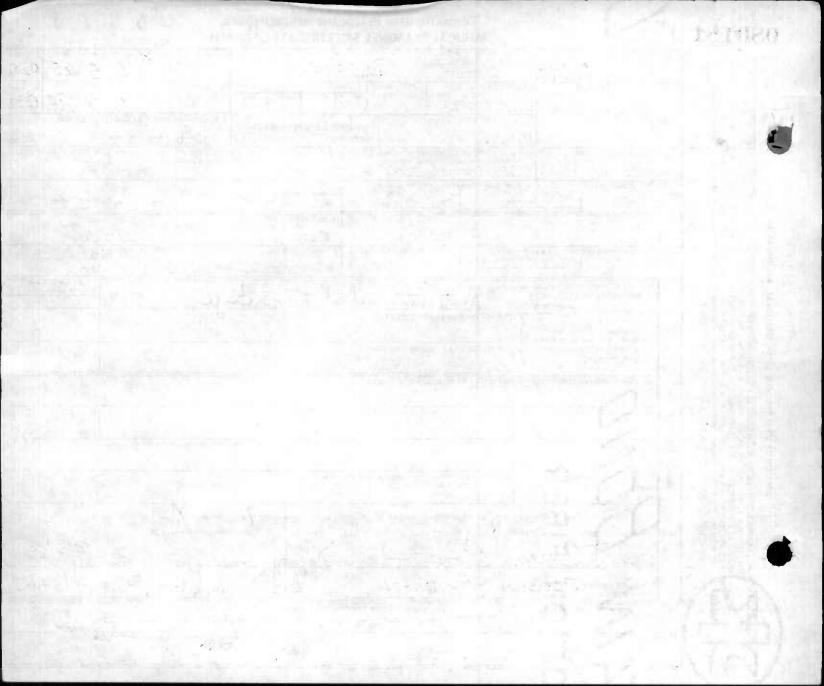
Duda-Ruck, Inc. Dundalk, MD.

ADDRESS

21222

BY REGISTRAR 256. REGISTRAR'S SIGNATURE 1985 NAR PEC'D.





82	1 -	FOR STATE REGISTRAR	DEPARTI	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	6 8 7 4
		CEASED NAME FIRST	WIDDIE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
		Hugh	John	Dunne	March 3,	1985 4:15 M
	3 SEX	(4. RACE	5. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN
	-	Male	White	April 1, 1895	89 YRS	
26		RTHPLACE (STATE OR FOREIGN	TE CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH
1	Acres -	ryland	USA	WIDOWED DIVORCED	Baltimore Co	
201		TY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREET		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L	12b. KIND OF BUSINESS OR INDUSTRY
OL		monium	34 Cinder R		Credit Manage	er Tool Compan
AL	13o S	TATE 13b. COU			13e STREET ADDRESS / ZIP COD	DE
30			timore Timoni		34 Cinder Ro	oad, #21093
121	14 FA	THER'S NAME FIRST	MIDDLE LAST	15. MOTHER'S MAIDEN NA	WE	LAST
30			ay Dunne	Winifred	Cecilia	Burns
9/		VAS DECEASED EVER IN U.S. AI	VE WAR OR DATES		ADDRESS	# 21093
1/		No -	216-09	-3925 Cora T. Di	unne,34 Cinde	r Road, Timoni
injury, or other training	N	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost	DUE TO, OR AS A CONSEQUE	un Openar Vi	MINAL DISEASE OR CONDITION GI	VEN IN PART 110
8 shows ony in	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? ES NO
Item 18 sh	MEDICAL CER	210, ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [CAUSE OF DE	HOUR A.M. MONTH DA	AY YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)
orkedor	MEDI	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F	211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
121 is ma		sow the deceased alive of	of view the body ofter death.	ond that in (my) (our) opinion	death occurred on the date and ha	, 19 , that (I) (we) last our and from the causes stated
ANT: # Hen		22b. SIGNATURE	Gul		MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED
PRIANT		22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	22e ADDRESS		
		Robert Maho	M D	7/20 V	Road, Towson,	161-12120/

DHMH - 16 60M 7/84

(VRA 15, 4)

236 BURIAL, CREMATION, REMOVAL TIM DATE (SPECIFY) 3/6/85

Martin D. Lawson, 10 W.

24 FUNERAL DIRECTOR

Dulaney Valley Cem Timonium,

Balto.Co.,

Padonia Rd. Timoniya 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

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STATE OF MARYLAND FOR STATE CERTIFICATE OF DEATH

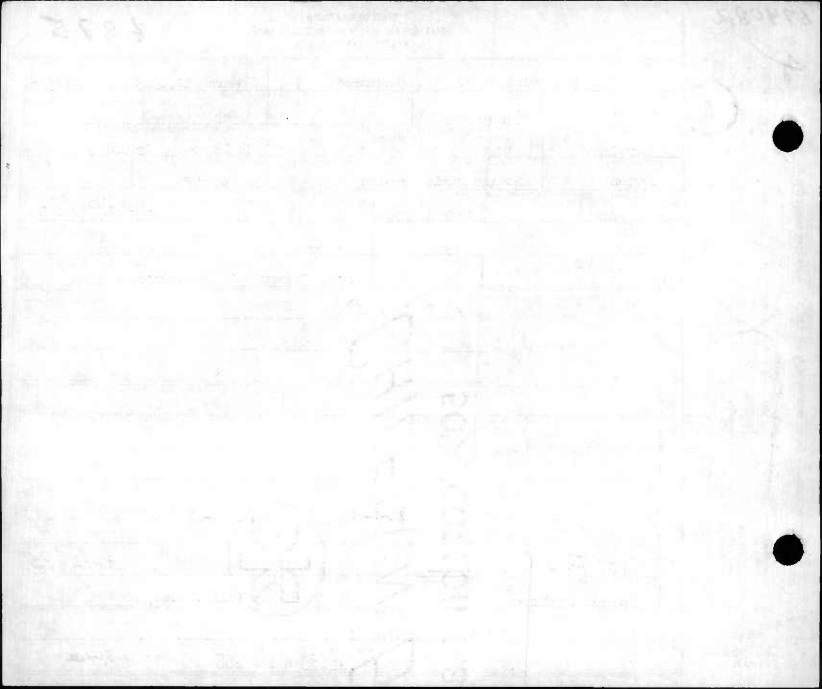
DEPARTMENT OF HEALTH AND MENTAL HYGIENES

6875

S. DATE OF MONTH Jul NTRY? MARRIED WIDOWED JURSING HOME OR STREET ADDRESS) S. HOSDICE BEFORE ADMISSION R TOWN Limore ST SE L SECURITY NO. 1	BIRTH DAY YEAR Y 25, 1898 NEVER MARRIED DIVORCED OTHER INSTITUTION	8 8 81 9 BALTIMO BAL 120 USUAL C (TYPE OF WORK house 5? 130 STREET A 4319	ADDRESS Sa:	FE Balto,	8:30am IF UNDER 73 HAS HOURS MIN. MD BUSINESS OR 21206
S. DATE OF MONTH JUL NTRY? MARRIED WIDOWED IURSING HOME OR E STREET ADDRESS) IS HOSPICE E BEFORE ADMISSION) R TOWN LIMOTE 1 SE L SECURITY NO. 1 -62-9836	BIRTH DAY YEAR Y 25, 1898 NEVER MARRIED TO DIVORCED OTHER INSTITUTION 3d. INSIDE CITY LIMITS YES NO 5. MOTHER'S MAIDEN FRIST MATY 17 INFORMANT	8 8 81 9 BALTIMO BAL 120 USUAL C (TYPE OF WORK house 5? 130 STREET A 4319	ARS LAST BIRTHDAY) SECUTY OR COUNT TIMOTE C DOCCUPATION FOR MOST OF WORKING L ADDRESS / ZIP COD Greenhi MIDDLE ADDRESS Sa:	YOF DEATH OUNTY, 17b. KIND OF INDUSTRY 11 Ave,	MD BUSINESS OR
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E BEFORE ADMISSION) R TOWN Limore ST SE L SECURITY NO. 11 -62-9836	3d. INSIDE CITY LIMITS YES X NO 5. MOTHER'S MAIDEN FRS1 MATY 17 INFORMANT	5? 130. STREET A 4319 NAME	ADDRESS / ZIP COD Greenhi MIDDLE BA ADDRESS SAI	ll Ave,	Md. 2120
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56 60 L SECURITY NO. 1	5. MOTHER'S MAIDEN FIRST Mary 7. INFORMANT	14319 INAME	Greenhi MIDDLE Bar ADDRESS Sai	ll Ave,	2120
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SE L SECURITY NO. 1 -62-9836	Mary 7 INFORMANT	bort F	ADDRESS sai	umann	
-62-9836	7 INFORMANT	bort F	ADDRESS Sa		
	Bro. Rol	bort F		me addr	ess
	BIO. KO		Fakonzo		
(b), and (c))		Dert r.	ECKEIIIO		ATE INTERVAL
G TO DEATH BUT N	OT RELATED TO THE T	TERMINAL DISEASE	OR CONDITION GI	VEN IN PART I a	
WHICH OPERATION	WAS PERFORMED	200 AUTO	IN CERTI	FYING CAUSES C	
H DAY YEAR	21c HOW INJURY OC	CURRED (ENTER NA	URE OF INJURY IN ITEM 18	PART T OR PART 2)	
				COUNTY	STATE
OFFICE, FARM, ETC)	STREET		CITTORTOWN	COUNTY	STATE
from 11-1-	-02	40	3-12	10 05 th	nat (I) (we) lost
	that in (my) (our) opin		on the date and ha		
MI		IG MEDICAL	STAFF	3-1	2 - 83
_ 1 7		N DIRECTOR	PHYSICIAN [5-10	1-00
		- PA - L	1 12 12 1		
	2300 Dul	Laney Val	ley Road	All Carlo	
	مالك الأراح	U			
23c. NAME OF CEA	METERY OR CREMATO	DRY 23d LOCA		COUNTY	52.25
Druid		DRY 23d LOCA	OR TOWN	COUNTY	STATE
S	HICH OPERATION H DAY YEAR 19 FFICE, FARM, ETC.) rom 11—1— , and	FFICE, FARM, ETC.) TO DEGREE ATTENDIN SEQUENCE OF 210. HOW INJURY OC 211. LOCATION 51RE1 19 10 11 11 12 13 14 15 16 17 18 18 19 19 19 19 10 10 10 10 10 10	FFICE, FARM, ETC.) 210 DEATH BUT NOT RELATED TO THE TERMINAL DISEASE 210 AUTO YES 211 LOCATION STREET 70	FFICE, FARM, ETC.) 210 DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN THICH OPERATION WAS PERFORMED 200 AUTOPSY? YES NO	FFICE, FARM, ETC.) THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 200. AUTOPSY? YES NO YES NO YES 210. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN 11EM 18 PART 1 OR PART 2) 211. LOCATION STREET CITY OR TOWN COUNTY 19

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR should be detached with the State Dept IMPORTANT, if then



LOCATION DATE OF DEATH MODIL LOCATION DATE OF DEATH	80067	1-	STATE OF MARYLAND POR DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH STATE CERTIFICATE OF DEATH								REG. NO.			7 6
FEMALE To BORTHPRACE STATE OF FOREIGN TO BORTH	B.			FIRST	OBER	TA E	HRL.	AST. ICH (HO	OLLAN	no a na. l	MONTH 15,1	DAY 1983	YEAR	26 HOUR
TO BE STRIPPLACE (STATE OF ORESON BY CHIEF ON TORK ON THE STATE OF TORK				4.			5. DATE C		YEAR		IRTHDAY)	MONTH		IF UNDER 24 HOURS
MARRIED DE	0			PEICN 7h		WHAT COUNTRY?	8					TY OF D	FATH	
BALTIMORE STANNER CT. USUAL RESIDENCE (IR NORSHAGA HORD CONTRER INSTITUTION ON RESIDENCE HORD ADMISSION) 136 STATE USUAL RESIDENCE (IR NORSHAGA HORD CONTRER INSTITUTION ON RESIDENCE HORD ADMISSION) 136 STATE USUAL RESIDENCE (IR NORSHAGA HORD CONTRE INSTITUTION ON RESIDENCE HORD ADMISSION) 136 STATE USUAL RESIDENCE (IR NORSHAGA HORD CONTRE INSTITUTION ON RESIDENCE HORD ADMISSION) 136 STATE ADDRESS / ZIP CODE 3 TANNER CT. #2120 BALTIMORE IS MOTHER'S MAINE MODIC INSTITUTION OF TOWN WERA ORTMA ORTMA ORTMA ORTMA ORTMA IS CAUSE OF DEATH (Enter only one couse per line for reg 1 (b) ord ic: 22043 IS CAUSE OF DEATH (Enter only one couse per line for reg 1 (b) ord ic: 22043 IS CAUSE OF DEATH (Enter only one couse per line for reg 1 (b) ord ic: 22043 MARYEAN ORTMA ORTMA IS CAUSE OF DEATH (Enter only one couse per line for reg 1 (b) ord ic: 22043 MARYEAN ORTMA IS CAUSE OF DEATH (Enter only one couse per line for reg 1 (b) ord ic: 22043 MARYEAN ORTMA ORTMA ORTMA ORTMA ORTMA ORTMA IS CAUSE OF DEATH (Enter only one couse per line for reg 1 (b) ord ic: 22043 MARYEAN ORTMA ORTMA ORTMA ORTMA ORTMA IS CAUSE OF DEATH (Enter only one couse per line for reg 1 (b) ord ic: 22043 MARYEAN ORTMA ORTM	69		COUNTRY)	NE ION			3				_			
136 STATE ADDRESS / ZIP CODE 136 COUNTY	100	10 CI		н 1	(IF NOT IN SUCH	FACILITY, GIVE STREET		PR OTHER INSTITUT	NON	TYPE OF WORK FOR MOST	OF WORKING		DUSTRY	
DAVID SOLOMON VERA ORTMA ORTMA ORTMA ORTMA DAVID SOLOMON VERA ORTMA	36	130. 5	STATE	3b. COUNT	Υ	13c. CITY OR TOW	'N						2120	08
18 WAS DECEASED EVER IN U.S. ARMED FORCES? 18 SOCIAL SECURITY NO. 17 INFORMANT JONATHAN D. PERREICH 18 YES, GIVE WAR OR DATES) 18 YES, GIVE WAR OR DATES 18 YES, GIVE WAR OR DATES) 18 YES, GIVE WAR OR DATES	2 10/	14. FA	FIRST	MI	DDIE	LAST		FIRST						
18 CAUSE OF DEATH (Enter only one cause per line for (of 16), ond (c) 18 CAUSE OF DEATH (Enter only one cause per line for (of 16), ond (c) 18 CAUSE OF DEATH (Enter only one cause per line for (of 16), ond (c) 18 CAUSE OF DEATH (Enter only one cause per line for (of 16), ond (c) 19 PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a), storing the underlying cause lost. (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 PART 2. OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED 19 DATE OF OPERATION 19 CONDITION FOR WHICH OPERATION WAS PERFORMED 19 DATE OF OPERATION 19 CONDITION FOR WHICH OPERATION WAS PERFORMED 19 DATE OF OPERATION 19 CONDITION FOR WHICH OPERATION WAS PERFORMED 10 TIME OF INJURY 11 INJURY OCCURRED (ENTER NATURE OF INJURY) 11 INJURY OCCURRED (ENTER NATURE OF INJURY) 12 In INJURY OCCURRED 12 In INJURY OCCURRED (ENTER NATURE OF INJURY) 14 INJURY OCCURRED (IN) 15 PART 2. OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED 16 INJURY OCCURRED (ENTER NATURE OF INJURY) 17 In INJURY OCCURRED (ENTER NATURE OF INJURY) 18 CAUSE OF DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to MIRCH HIS PART 1 OR PART 2 TO MIRCH HIS P	1000	14		1116 1511			10171110			CHIANI D ADD	DOT TOU)RTM	AN
PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF SULL TROMAN AND THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to gove rise to immediate couse (a), stoting the underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to gove as a consequence of some part of the underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to gove as a consequence of some part of the underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to gove and the couse of the contribution of the conditions o	Proper medico	- 0	YES NO OR UNKNOWN)										IURCI	H, VA
NOT THE STATE OF THE STREET. FACTORY OFFICE, FARM, ETC.) 190 DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b IF YES, WERE FINDIN IN CERTIFYING CAUSES OF THE STATE OF THE STREET. FACTORY OFFICE, FARM, ETC.) 190 DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b IF YES, WERE FINDIN IN CERTIFYING CAUSES OF THE STATE OF THE STREET OF THE STATE OF THE	ed by the attending pny please remove carbanpa rial, cremation, ar remov , or other troumatic event		Canditions, if any, gave rise to imme cause (a), stating underlying cause	which ediate the last.	CAUSE (a)	R AS A CONSEQUE	ENCE OF				Mu L	IVEN IN	PART 1	0
OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTION CAUSE OF DEATH	ene prior t ows ony in	RTIFICATION	190 DATE OF OPERATION	ON	196 CONDI	TION FOR WHICH		n was performe	D	200 AUTOPSY? YES NO	20b. IF Y	ES, WER TIFYING YES	E FINDIT	NGS USED
220 I certify that (I) (this hospital) attended the degreesed from September 1919 84, to MARCH 19 85 of saw the decreased alive an MARCH 19 85 of and that in (my) (our) apinion death accurred on the date and hour and from the compose, (I) (we) (did) (did not) view the body after death. 226. DATES 227. DATES 227. DATES 228. PHYSICIAN'S NAME (TYPE OF ANT) 228. PHYSICIAN'S NAME (TYPE OF ANT) 229. ADDRESS	the burial-tran and Mental Hy ked or Item 18		OR CONTRIBUTING CA (IF EITHER NOTHY MEDICA 21d INJURY OCCURRE	USE OF DEATH LEXAMINER)	HOUR A./ P./ 21e PLACE C	M. MONTH D. M. DEINJURY	19	211 LOCATION	YOCCURR					STAT
22d. PHYSICIAN'S NAME (TYPE OF NT)	DIRECTOR: After oched for use os os Dept. of Health If them 21 is mort		22a I certify that (1) (1 saw the deceased above, (1) (we) (die	this haspita) attended the MARCH view the body	e deceased from 19 ofter death.	85_, or	DEGREE ATTER) apinion o	death accurred on the	AFF			
¥ ± 3 ≥	should be del		22d PHYSICIAN'S NAM			sky			ICIAN		1	WE		9///

OZEFSK 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION 23b. DATE 230 BURIAL, CREMATION, REMOVAL (SPECIFY) CITY OR TOWN COUNTY STATE MAR. 18, 1985 CREMATION BALTIMORE LOUDON PARK MARYLAND MD 21235 TO DATE REC'D TOLLEVINSON & BLOS. IVE. GOVERNESS TERS

126, KIND OF BUSINESS OR INDUSTRY AT HOME

CHURCH, VA APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

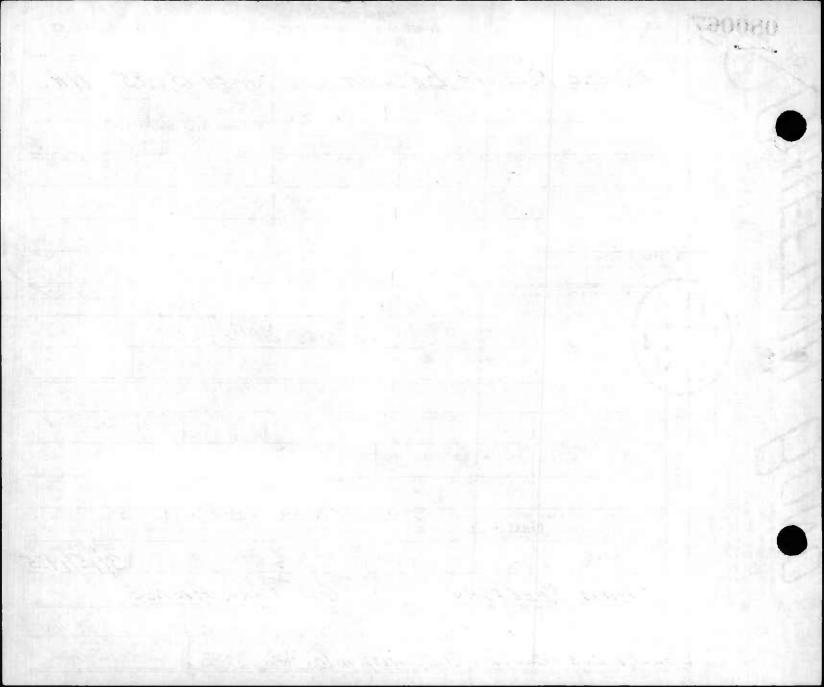
STATE

UNDER 24 HRS

MD.

DHMH - 16 60M 7/84 (VRA 15, 4)

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The same of the sa	STATE OF MARYLAND					
FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENES CERTIFICATE OF DEATH					
CEASED MAAAS	AUDDIE 1451					

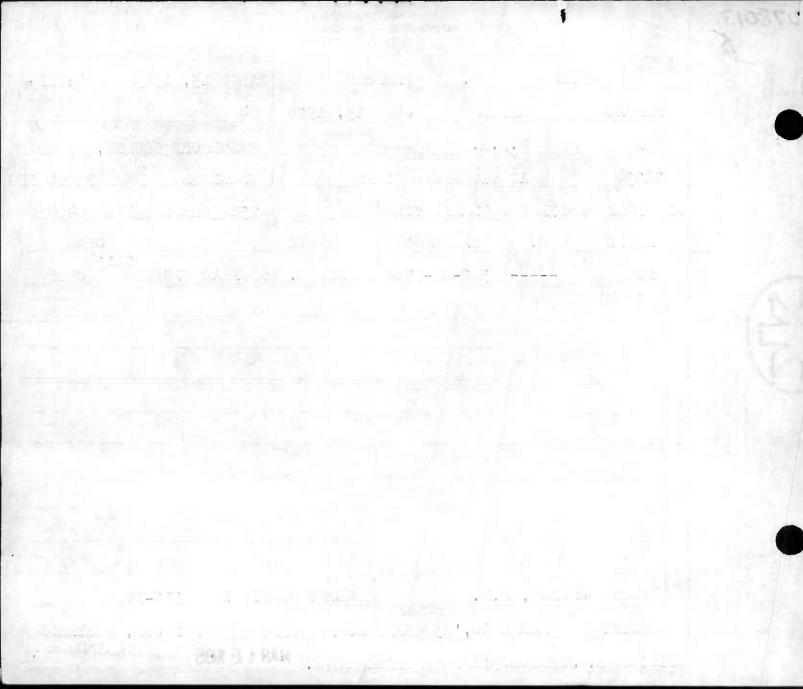
5	Ω	6	12	7	7
2	63	0	W	-	,

REGISTRAR								REG. N	10.		
TYPE OR PRINT	FIRST	MI	DDLE	U	AST		20 DATE C	OF DEATH	MONTH	DAY YEAR	26 HOUR
	ANNE		C.	ELBI	ERSON		MARC	H 15	, 19	85	4:08P
3. SEX		I. RACE		S. DATE O	FBIRTH	YEAR	6 AGE IN	YEARS LAST B	RTHDAY	MONTHS DAYS	HOURS MIN
FEMALE		WHITE	2	JUNE	15,	1920	64		YRS		
TE BIRTHPLACE (STA	TE OR FOREIGN 7	L CITIZEN OF W		Y? 8 MARRIET	□ NEVER	MARRIED X	9 BALTIM	ORE CITY	OR COUNT	Y OF DEATH	
OHIO		U.S.A	4.	WIDOWE		ONORCED [BAI	TIMO	RE C	OUNTY.	N
18. CITY OR TOWN OF	FDEATH		OSPITAL, NURS		R OTHER IN	STITUTION		OCCUPA"	ION OF WORKING		OF BUSINESS O
21234			GERWO	OD COL	JRT		CLE	RICA	L	MANU	FACTUR
USUAL RESIDENCE (# 130. STATE MICHIGAN	SANI	THER INSTITUTION G	IVE RESIDENCE BEFO I3c. CITY OR TO LEXINO		YES 🗌	CITY LIMITS?				DRIVE	4845
4. FATHER'S NAME		IDDLE	LAST	7037		R'S MAIDEN NA	AWE	MIDDLE		LA	ST
LEWIS		Λ.	ELBER			AGNES					RAN
(YES NO OR UNKNOW!		WAR OR DATES	166 SOCIAL SEC		17 INFORM			ADDI		2123	
NO			82-18	-5768	DENN	IS R.	STEEL	ElO	TIGE	RWOOD	
18 CAUSE OF I	DEATH Enter only	y ane cause per li	ha .	and (c.)	-	1	11	474		BETWEEN	KIMATÉ INTERVAL ONSET AND DEATH
- ART II DEA	IMMEDIATE		rie yeu	Hutic	- GVE	east 1	Carci	mon	er	1	year
PART 2 OTHER 190. DATE OF OF	stating the couse last SIGNIFICANT CO	ONDITIONS COM	ION FOR WHIC	O DEATH BUT	WAS PERF	ORMED	20a AUT	OPSY?	20b. IF Y	ES, WERE FINDI	NGS USED
	CAUSE OF DEAT	21b. TIME OF HOUR A.M		DAY YEAR	21c. HOW	NJURY OCCUR	RED (ENTERN	IATURE OF INJ	URY IN ITEM IB	PART I OR PART 2)	
S (IF EITHER NOTIFY	MEDICAL EXAMINER)	P.M		19							
AALLIEE IN	OT WHILE	21e PLACE O	F INJURY ET, FACTORY, OFFICE	E, FARM, ETC)	211 LOCAT			CITY OR T	OWN	COUNTY	STATE
22a. I certify the	at (I) (this haspite eceased olive on_ we) (did) (did nat	3//3	19		d that in (m	y) (our) apinion	death occurr	ed on the	dote and ha	our and from the	that (I) (we) lost couses stated
m	2-94	clou			MO	ATTENDING PHYSICIAN [DIRECTO			3/	16/85
	'S NAME (TYPE OR				22e ADDR				. 1	/	
MARK	SOKOLO	OW, M.D).		ME	RCY HO	SPITA	L	332	-9000	1900
CREMAT FUNERAL DIRECTO NAME WILLIAM	ION N	ARCH 1	.6, 85	GREEN		NT CEW 250. DA	ETERY	BAL		RE MA	RYLAND

DHMH - 16 60M 7/84 (VRA 15, 4)

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IMPORTANT: If Hem 21 is morked or Hem 18 shows any injury, or other troumatic event, the



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH

13	1	(3)	-7	8
0	6	d	1	0
DEC	NO			

		CEASED NAME E OR PRINT)	FIRST		MIDDLE	LAST		20. DATE KNO	OWN X MONTH	DAY YEAR	2b HOUR
SE PE	3. SEX		EDWIN			OTT	SR.	DEATH MA	TED 3-11	DAY YEAR	M
125	193			5. DATE OF BIRTH	YEAR 6. AGE (IN YEAR LAST BIRTHD)	MONTHS DAYS		PRONOUNCED DEAD	11101111		24 HOUR 9:35A
200	-	ALE STA	WHITE	11 12 76. CITIZEN OF WH	05 79 YE				CITY OR COUNT	19	M
発音器	FO	REIGN COUNTRY)		U.S.A		WIDOWED	VEVER MARRIED		_		
0		MARY LAN		11. NAME OF HOSP	ITAL NURSING HOME	OR OTHER INSTIT	TUTION 120 USL	JAL OCCUPATI	More Cou	NEY 12b. KIND OF BU	JSINESS
00		LANSDOW			nity, give street address) nena Avenu e residence before admission		FOR /	MOST OF WORKING	LIFE)	MTA	RY
3	130. S	TATE RYLAND	136. COUNT BALT	ſΥ	13c. CITY OR TOWN LAN SDOWNE			EET ADDRESS 205 LORE	ENA AVENU	E, 2122	.7
11	14. FA	THER'S NAME		WIDDLE	LAST	15 MOT	HER'S MAIDEN NAME	MIDDLE		LAST	
1		UNKNOWN		ELL			U	NKNC	NWC		
1	160. V	VAS DECEASED ES, NO. OR UNKNOW	EVER IN U.S. ARM	MED FORCES? WAR OR DATES)	16b. SOCIAL SECURIT				DDRESS	2122	
1		NO			213-16-07	08 LEN	ORA V. ELI	LIOTT	3205 LORE		
		18 CAUSE OF PART I DEA	DEATH (Enter only	y one cause per line (APPROXIMAT BETWEEN ONSE	T AND DEATH
i C	-	9100		E CAUSE (a) Dro	owning	25					11
EWO	V	Canditions	s, if any, which	DUE TO, OR A	AS A CONSEQUENCE (Jr					
OR REMOVAL			to immediate	(b)	AS A CONSEQUENCE ()E					
		lying caus		(2)	AS A CONSEQUENCE (<i>y</i> r					
CREMATION,	101	PART 2 OTHER SIG	NIFICANT CONDITIONS C	CONTRIBUTING 10 OEATH D	UT NOT RELATED TO THE TERM	IMAL OISEASE OR CONDIT	TON GIVEN IN PART 1 to			1	
KEN	Z	arteri	osclerot	ic cardio	vascular di	sease					
7	7 3	19a. DATE OF			ION FOR WHICH OPER		ORMED?			20 AUTOPSY	?
ノクシン	I E									YESXX	NO 🗆
3	MEDICAL CERTIFICATION	210. EXTERNAL		11b. TIME OF HOUR A.M.	MONTH DAY YEAR	21c. HOW INJUI	RY OCCURRED LENTER I			RT 2)	
1	Z K		OR G CAUSE OF D		MONTH 12-85	subjec	t found in	pathtul	0		
1	WED .	214 INJURY OF		21e PLACE O	ATHOME,	21f. LOCATION	orena Aveni	ATY OR LOT YOU	hland Ma	rvland	STATE
-	1	AT WORK	NOT WHILE X	, D	a chroom	3203 L	orena Aveni	ue mig	irruinus ric	ar y raila	
-		220 I certify	that I took charge	e af the remains desc	ribed above, held an	Autapsy X,	Inspection ,	Inquiry	, and in my op	inion	
-		death resulte	d from: Nature	ol causes .	Accident , Su	icide , Hor	nicide Undet	ermined monne	r [].		
		ACTUAL	Maria	to Me	16-181	TITLE	(SPECIFY) SSISTANT		DATE	3-11-8	5
_	9	SIGNATURE_	hand	- June	Truck .	M.D	MILD	ICAL EXAMINE	R SIGNE	D	
\ \ \	4	EXAMINER'S N (TYPE OR PRIN	1)		Korell,M.	ADDRESS		Street			
	1 (SPECIFY]	ON, REMOVAL 2		23c. NAME OF CEA	AETERY OR CREMA	TORY 23d. LC	OCATION	COUN	ITY S	TATE
		URIAL UNERAL DIRECT		03-15-85		EN MEM.		N BURNI	E A.A.	MARYLAN	ID
		NAME		ADDRESS		.229	250. DAMARD BY	2 1985	Sh REGISTRAR'S S	GNAT YOUR	Me -
5))	HU	BBARD F	UNERAL H	OME, INC.	4107 WILKE	INS AVE.			i		

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the hospital or attending physicion.

and campletely filled in by the funeral director.

		1./		
0	8603	2/1.	FOR STATE	

DEPA

STATE OF MARTLAND	100
RTMENT OF HEALTH AND MENTAL HYGIENES	5
CERTIFICATE OF DEATH	

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U	0	0	- 1	

	REGISTRAR			CEKIII	TICALE OF DEATH	REG. N	10.		
	EASED NAME FIRST		MIDDLE		LAST	20. DATE OF DEATH	MONTH DA		26 HOUR
	Lillia		. E	lliot			03/24/		6:00am
3. SEX		4 RACE			OF BIRTH H / 11AY / 08AR	6. AGE (IN YEARS LAST B	RTHDAY)	ONTHS DAYS	HOURS MIN.
7 010	female THPLACE (STATE OR FOREIGN	white	WHAT COUNTRY?	OI	/ 11 / 00	9 BALTIMORE CITY	YRS	OFDEATH	
CO	ountry)	U.S.A		MARRIE	ED NEVER MARRIED DIVORCED	Baltimore	_		MD.
Тс	OWSON	GRMC - 6	701 N. C	harle	or other institution s Street	120. USUAL OCCUPA (TYPE OF WORK FOR MOST House Wi			OF BUSINESS OR
Mar	RESIDENCE (IF NURSING HUME C ATE 130 COU ryland	R OTHER INSTITUTION	GIVE RESIDENCE BEFORE 131. CITY OR TOW Baltimo	ADMISSION) N Pre	YES K NO	13e STREET ADDRESS 803 Winan	/ZIP CODE s Way B	alto.	Md. 2122
14 FAT	HER'S NAME FIRST William	J.	Krauc	ch	Is MOTHER'S MAIDEN NA	WE		Gardi	iner
		RMED FORCES?	166 SOCIAL SECU 214-38-1		17 INFORMANT Edward Ellic	ADDI ++ 281/4 Ch			21209 Balto
	18 CAUSE OF DEATH (Enter o				Daward Dille	2021 011			XIMATE INTERVAL ONSET AND DEATH
	PART I DEATH WAS CAUS IMMEDIA Conditions, if any, which gave rise to immediate cause Ial, stating the underlying cause last	DUE TO, O	R AS A CONSEQUE	NCE OF art	Fibrillation ery Disease				minutes -20 years
§ N	PART 2 OTHER SIGNIFICANT Pneumo 90. Date of Operation	nia			NOT RELATED TO THE TERM	200 AUTOPSY?	20b. IF YES,	WERE FINDI	
3	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI	HOUR A.	M. MONTH DA	AY YEAR		RED (ENTER NATURE OF IN)	URY IN ITEM 18 PAR	RT I OR PART 2)	
	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE (AT HOME STR	OF INJURY REET, FACTORY OFFICE F	ARM, ETC)	211 LOCATION STREET	CITY OR T	OWN	COUNTY	STATE
	220. I certify that (I) (this hasp saw the deceosed olive a abave, (I) (we) (did) (did n	n	19		nd that in (my) (our) opinian	, todeath occurred an the			, that (I) (we) lost e causes stated
	Toda	H. A	ll, m	D	DEGREE ATTENDING PHYSICIAN	MEDICAL STA	AFF ICIAN 🗗	03/	24/85
	22d PHYSICIAN'S NAME HYPE				22e ADDRESS GBMC-6701 N	orth Charle	Baltimo es Stre	re, Md	1.
23a BU	urial, cremation, remova Burial				CEMETERY OR CREMATORY Park Cemetery	23d LOCATION CITY OF TOWN Baltimo		°Mary	land STATE
24 FUN	NERAL DIRECTOR 630 Edmo					R 26 1985	R 25b REGISTR	AR'S SIGNA	Mandell

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR. After this certificate has been signed by the offending physician and c should be detached for use as the buriol-transit permit. Then please remove carbonpopers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

MPORTANT: If them 21 is marked or Item 18 strong only injury, or other traumatic event, the medical

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3 3- 5: M. J. stripe 2-25

IMPORTANT; If Hem 21 is marked or them 18 showsony injury, or other traumatic event, the medical TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and c should be detached for use as the burial-transit permit. Then please remove carbompapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS CERTIFICATE OF DEATH

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40	N.B.				

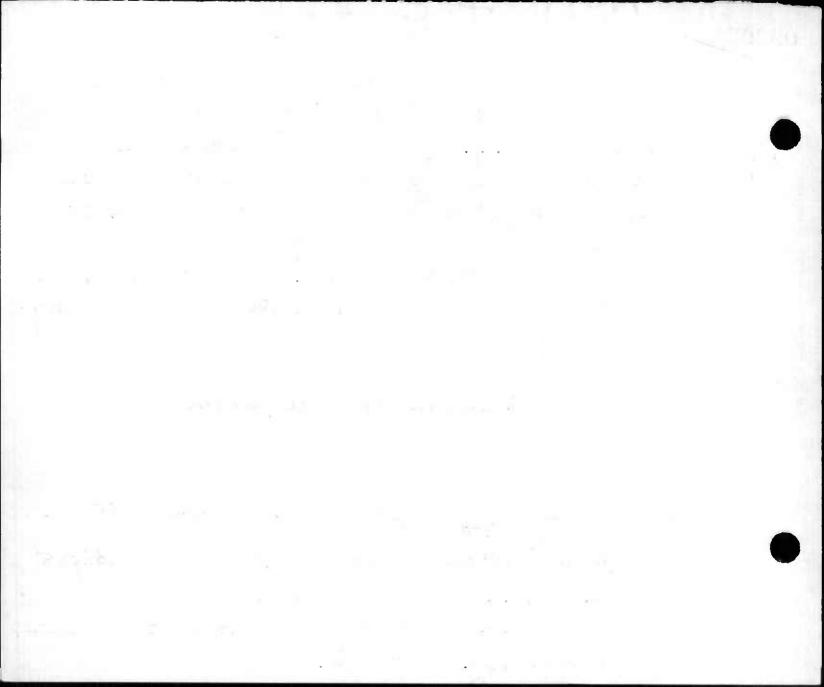
		REGISTRAR				CERTII	CAILOI	DEATH		REG. NO	١.			
1		CEASED NAME	FIRST	,	MIDDLE	ł,	AST		20	DATE OF DEATH	AONTH DA	Y YEAR	2b HOUR	
	(TABE	OR PRINT)	ISABE	LLE		Е	LLIS				03 2	4 85		M
ı	3 SEX	<		4 RACE		5. DATE O			6. 4	AGE IN YEARS LAST BIRTH		UNDER TYEAR	IF UNDER 24 HOURS	HRS
		FEMALE		WHI	ГE	03		1896		89	YRS	INTHS DAYS	HOURS	MIN.
4	7a BIF	RTHPLACE (STATE OR	FOREIGN		WHAT COUNTRY?	8		MARRIED 5	9. E	BALTIMORE CITY OR		F DEATH		
7	C	VIRGINIA		U.S.	- A -	WIDOWE		NORCED [_	BALTIMORE	E COUN	TY		MD.
7	10 CI	TY OR TOWN OF DE	ATH	11. NAME OF I	HOSPITAL, NURSIN		R OTHER IN	TITUTION		I. USUAL OCCUPATION	N	12b. KIND OF	BUSINES	SOR
1		CATONSVII	LE		IAN NURSI		NTER		1 "	CLERK	WORKING [IFE]		OFFI	CE
7		AL RESIDENCE IF NUR		OTHER INSTITUTION		ADMISSION)		CITY LIMITS?	1120	STREET ADDRESS /	ZID CODE			
2		ARYLAND		TIMORE	CATONSV		YES [NO 🔀	130	234 BLAKEN		AD. 21:	228	
1	14. FA	THER'S NAME			LAST		15. MOTHER	'S MAIDEN	NAME	WIDDLE		LAST		
1		UNKNOWN		WIDDLE	ELLIS			MARY		MIDDLE		SCHE		
٦		VAS DECEASED EVER			166. SOCIAL SECU		17. INFORM			ADDRES	S			
	(Y	NO OR UNKNOWN)	(IF YES, GIV	E WAR OR DATES)	220-44-8	8456	CLAR	AI. K	KLEM	M 234 BL	AKENEY	ROAD.	2122	.8
		18 CAUSE OF DEAT	TH (Enter on	ly one cause per	line far (a), (b), an	dicii			1				MATE INTERVA	
		PART I. DEATH V	WAS CAUSE			Mos	mon	uti	\$			uda		
١			IMMEDIAI	E CAUSE (a)	DAS A CONSTOUR	TNCE OF							/	7
		Canditians, if any	, which	(b)	R AS A CONSEOUE	ENCE OF								
		gove rise to im	mediote)	R AS A CONSEQUE	ENICE OF								
ı		underlying cause		(6)	R AS A CONSECUT	ENCEOF								
		PART 2 OTHER SIG	NIFICANT (ONDITIONS CO	ONTRIBUTING TO I	DEATH BUT	NOT RELATE	D TO THE TE	RMINA	L DISEASE OR COND	ITION GIVE	V IN PART 110		_
1	O			Sen	le den	ent	a	du	CIPL	Racio				
7	CERTIFICATION	190. DATE OF OPERATION 196. CONDITION FOR			ITION FOR WHICH	HICH OPERATION WAS PERFORMED			V	200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEAT				,
	TIF				0				YES NO YES NO					
1	CER	21a. ACCIDENT WAS UN	-		FINJURY M. MONTH D	AY YEAR	21c. HOW I	NJURY OCC	URRED	(ENTER NATURE OF INJURY	IN ITEM TO PAR	TIOR PART 2}		
	CAL	OR CONTRIBUTING			м.	19								
	MEDICAL	21d INJURY OCCUR		21e PLACE	OF INJURY REET, FACTORY, OFFICE, F	FARM ETC)	21f. LOCAT			CITY OR TOW	/N	COUNTY	STA	-TE
	2	AT WORK NOT W	ORK	, , , , , ,					_			0-		
		220.1 certify that (I		-21		1 / 20			6	, to 3/2	, 19		hot (I) (we	
		saw the deceas abave, (1) (we)		1) view the bady	ofter death.	3 1 12, or	nd that in (my	(aur) apine	an deat	th occurred an the da	te and haur o	and from the c	auses state	ed
		22b. SIGNATURE		Da. 16	0.		DEGREE	ATTENDING		ALEDICAL STAFF		22c. DATE	IGNED	_
		fur	nes	1100	con	n	no	ATTENDING PHYSICIAN	i W D	MEDICAL STAF	IAN 🗌	-91/2	985	•
		224 PHYSIC AN'S N					22e ADDRE						1	
		JAMÉS J.	NOLA	N, M.D.			1 MA	LLOW H	HILL	ROAD				
		BURIAL, CREMATION	, REMOVAL	23b. DATE	23c. 1	NAME OF C	EMETERY OF	CREMATOR	RY.	23d LOCATION		COUNTY	SIA	ATE.
		BURIAL		03-27	-85	LOUD	ON PAR	.K		BALTIMORE	CITY		MARY	
	24 FU	JNERAL DIRECTOR			ADDRESS		21229	MA	RAF P	BY RECUETRAR 2	Sb. REGISTR	ARS SIGNAL	Helese	
			7777 A 7	TT 03 / TT	1	****		1411	11 1 C	1 1000		-		

HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

DHMH - 16 50M 4/83 (VRA 15, 4)

TO HOSPITAL OR ATTEN

BP.



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	-	SIAIE

ATE OF MADVIAND DEPARTMENT

TALE UP MAKTLAND		0	6.	23	(3)	
OF HEALTH AND MENTAL HYGIEN	Ü	U	0	0	0	
RTIFICATE OF DEATH						

	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
	ECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH D.	AY YEAR 26 HOUR
		BROSE ALBERT	EMGE	03 0	6 '85 8:00A A
3. S	EX	4. RACE	S. DATE OF BIRTH		FUNDER I YEAR IF UNDER 24 HRS
	Male	White	November 26, 1922	62 _{YRS.}	
	BIRTHPLACE (STATE OF FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY	OF DEATH
	aryland	USA	WIDOWED DIVORCED	BALTIMORE COUNTY	
2	TOWSON	GREATER BALT IM	ORE MEDICAL CENTER	TYPE OF WORK FOR MOST OF WORKING LIFE Lithograph Helpe	12b. KIND OF BUSINESS OR INDUSTRY Printing Co.
13o.	STATE 13b CC	OR OTHER INSTITUTION, GIVE RESIDENCE BEFOR UNITY 13c. CITY OR TOV		13. STREET ADDRESS / ZIP CODE 2022 Middlebroug	h Rd. 21221
14 F	ATHER'S NAME FIRST Raymond	MIDDLE LAST	15. MOTHER'S MAIDEN NA	ie Williams	LAST
	WAS DECEASED EVER IN U.S.	CIVE WAR OR DATES		ADDRESS	
	(YES, NO OR UNKNOWN) (IF YES,	WW11 218 14 4	772 Tersa Emge	(same)	
	18 CAUSE OF DEATH (Enter	only one couse per line for (a), (b), or			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		IATE CAUSE (o) CARDIO	PULMONARY ARREST		5 MINUTES
		DUE TO, OR AS A CONSEQU			
	Conditions, if ony, which gove rise to immediate	(BRAIN I	METASTASIS		2 WEEKS
	couse (o), stoting the underlying couse lost.	DUE TO, OR AS A CONSEQU	ENCE OF		5 WEEKS
		(c) LUNG C			1
z	PART 2 OTHER SIGNIFICAN	T CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	NINAL DISEASE OR CONDITION GIVE	N IN PART 110
ATIO	19a. DATE OF OPERATION	106 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES,	WERE FINDINGS USED
CERTIFICATION				YES NOX IN CERTIFY	ING CAUSES OF DEATH?
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF		AY YEAR 21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 PAI	RT I OR PART 2)
S	(IF EITHER, NOTIFY MEDICAL EXAMI	NER) P.M.	19		
MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE,	FARM ETC.) 21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
	WHILE NOT WHILE AT WORK		2/12	31/	05
		spitol) oftended the deceosed from a	85 and that in (my) (our) apinion		985_, that (I) (we) lost
		not) view the body after death.	, , , , , , , , , , , , , , , , , , , ,	death occurred on the date and hour	
	22b. SIGNATURE	1	DEGREE ATTENDING	MEDICAL STAFF	22c. DATE SIGNED
1	401	110	PHYSICIAN [DIRECTOR PHYSICIAN	17/6/8
	22d. PHYSICIAN'S NAME (TY	E OR PRINT)	22e ADDRESS		
	HAL CLARK			N. CHARLES ST. 2	1204
230	BURIAL, CREMATION, REMOV	TOURS	NAME OF CEMETERY OR CREMATORY	23d. LOCATION	COUNTY STATE
	yurial	3-9-85	ecred Heart of Mar		nty Maryland
100	UNITED BESTOR	menty mother		TE REC'D. BY REGISTRAR 256. REGISTR	AR'S SIGNATURE
P	ruzdzinski kun	eral home PA 1407	Old Eastern Ave.	R 8 1985	Hison-Mandelle

constille stage — boomes.

07/84

DHMH - 17 (VR A15 ME (5))

Burial 74 FUNERAL DIRECTOR

23 a. BURIAL, CREMATION, REMOVAL 236 DATE

Ann M. Dixon, M.D.

SIGNATURE EXAMINER'S NAME

(TYPE OR PRINT)

Moreland Mem. Pk. Cem.

23c. NAME OF CEMETERY OR CREMATORY

111 Penn St., Balto., Md.

23d. LOCATION Baltimore, Maryland Maryland

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

2d. HOUR

11;15

STATE

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201	es #
JKUS,	requir
2	low
¥	The
IVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALLIMORE MARTLAND	SICIAN
Sign	PHY
20	OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 2
4	ATTE
	SR.

.8	1 -	FOR STATE REGISTRAR			STATE OF MARYLAND ENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	YGIENE REG. NO	0 6 8 8 o.	3
- 1		CEASED NAME	FIR51	WIDDLE	LAST	20. DATE OF DEATH	MONTH DAY YEAR	2b. HOUR
Acres 1	(III)	Sist	er Mary	Irene	Enman		3 1885	8:05 N
	3. SEX		4. RACE		5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1 YEAR	IF UNDER 24 HRS
	p	Femal	e	eHite!	MONTH DAY YEAR 3	4 80		HOURS MIN.
20		RTHPLACE (STATE OR FO	OREIGN 76. CITIZEN	OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED	BALTIMORE CITY O	R COUNTY OF DEATH	
1/	1	MO	Un	ted States	WIDOWED DIVORCED [Baltim	ore County	M
111	10 CF	TY OR TOWN OF DEA	TH 11. NAME	OF HOSPITAL, NURSING	HOME OR OTHER INSTITUTION	120 USUAL OCCUPATI		F BUSINESS OR
OB	7	owson m	n	+ Joseph	1'S HOSP	Nu		ious
06		L RESIDENCE (IF NURSI	NG HOME OR OTHER INSTITU					SAIYOF
00		mp	BAHO	Towson	YES . NO S		Soppa Pd	21200
121	14. FA	THER'S NAME	MIDDLE	LAST	15 MOTHER'S MAIDEN			
9		John	W.	Erdma	n Margar		Car	los
		AS DECEASED EVER I		ES? 166 SOCIAL SECUR		ADDRE		
/	()	es, no or unknown) No	(IF YES, GIVE WAR OR DATI	213-74-8	3283 Mission He	elpers Conve	ent, 1001 W.	Joppa
ther troumot		Conditions, if ony, gove rise to imm couse (o), stoting underlying couse	which hediate	O, OR AS A CONSEQUEN STATUS O, OR AS A CONSEQUEN	EPILEPTICUS	Davidson Da	re 1013tt	
s ony injury, or other troumon	ICATION	gove rise to imm couse (a), stating underlying couse	which lediote g the lost. CONDITION	D, OR AS A CONSEQUENCE OF THE POSSIBLE OF T	EPILEPTICUS			IGS USED
fows ony injury, or other troumot	RTIFICATION	gove rise to imm couse (o), stoting underlying couse PART 2 OTHER SIGN	which lediote g the lost. CONDITION 196. CC	DO, OR AS A CONSEQUENT POSS (B) IS CONTRIBUTING TO DE CONDITION FOR WHICH C	EPILEPTICUS NCE OF LC ACUTE CEREB EATH BUT NOT RELATED TO THE TE	RMINAL DISEASE OR CONI	DITION GIVEN IN PART 1:0 20b. IF YES, WERE FINDIN IN CERTIFYING CAUSES YES []	IGS USED
18 sfows ony injury, or other troumot	CERTIFIC	gove rise to imm couse (a), stating underlying couse PART 2 OTHER SIGN 19a DATE OF OPERAT 21a. ACCIDENT WAS UND	which lediote g the lost. CONDITION 196. CO	D, OR AS A CONSEQUENCE OF THE POSSIBLE OF T	EPILEPTICUS ACE OF ACUTE CERCES EATH BUT NOT RELATED TO THE TE OPERATION WAS PERFORMED 216. HOW INJURY OCC	RMINAL DISEASE OR CONI	DITION GIVEN IN PART 1:0 20b. IF YES, WERE FINDIN IN CERTIFYING CAUSES YES []	IGS USED OF DEATH?
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rked or Item 18 stone ony injury, or other troumot	₹ J	gove rise to imm couse (o), stating underlying couse PART 2 OTHER SIGN 19a DATE OF OPERAT 21a, ACCIDENT WAS UNDO OR CONTRIBUTING CC	which nediote g the lost. DUE TO LOST. DIFICANT CONDITION 19b. CC ERLYING 12b. TIM AUSE OF DEATH ALEXAMINER 22b. TIM LED 21e. PL. LET HOM	D, OR AS A CONSEQUENT POSSIBILITY ON OTHER POSSIBILITY ON OTHER POSSIBILITY REAM. MONTH DAY	PILEPTICUS ACE OF LE ACUTE CERCE EATH BUT NOT RELATED TO THE TE OPERATION WAS PERFORMED 21c. HOW INJURY OCC YEAR 19 211 LOCATION	RMINAL DISEASE OR CONI	20b. IF YES, WERE FINDIN IN CERTIFYING CAUSES YES THE TEM IS PART OR PART 2)	IGS USED OF DEATH?
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21 is marked or Item 18 shows any injury, or other traumat	MEDICAL	GOVE rise to imm couse (a), stating underlying couse PART 2 OTHER SIGN 19a DATE OF OPERAT 21a. ACCIDENT WAS UNDOOR CONTRIBUTING CENTRIBUTING COURR WHILE AT WORK NOT WHILE AT WORK 22a. 1 certify that (1)	which lediote g the lost. USE OF DEATH AUSE OF DEATH ALEXAMINER) Which lediote g the lost. CC USE OF DEATH ALEXAMINER) LED 21e PL/ (AT HOW IN	DO, OR AS A CONSEQUEN DO, OR AS A CONSEQUEN POSSIBLE SCONTRIBUTING TO DE ONDITION FOR WHICH CO ME OF INJURY R A.M. MONTH DAY P.M. ACE OF INJURY ACE	EPILEPTICUS ACE OF ACUTE CERCES EATH BUT NOT RELATED TO THE TE OPERATION WAS PERFORMED (YEAR 19 211 LOCATION STREET	200 AUTOPSY? YES NO WURRED (ENTER NATURE OF INJUIT CITY OR TO	20b. IF YES, WERE FINDIN IN CERTIFYING CAUSES YES THE TIME TO THE	IGS USED OF DEATH? NO STATE
Item 21 is morked	MEDICAL	GOVE rise to imm couse (a), stating underlying couse PART 2 OTHER SIGN 19a DATE OF OPERAT 21a. ACCIDENT WAS UNDOOR CONTRIBUTING CENTRIBUTING COURR WHILE AT WORK NOT WHILE AT WORK 22a. 1 certify that (1)	which lediote g the lost. ISTECANT CONDITION ION 19b. CO ERRLYING 1 AUSE OF DEATH HOU! AL EXAMINER 1 EIED 21e PL/ (AT HON ix b) (this hospital) attended to live on idd) did not view the best of the condition of the conditio	DO, OR AS A CONSEQUEN DO, OR AS A CONSEQUENCY DO, OR A	EPILEPTICUS ACE OF ACUTE CERCB EATH BUT NOT RELATED TO THE TE OPERATION WAS PERFORMED YEAR 19 211 LOCATION STREET LUCATION DEGREE DEGREE	200 AUTOPSY? YES NO WORKED (ENTER NATURE OF INJUIT CITY OR TO no death occurred on the do	20b. IF YES, WERE FINDIN IN CERTIFYING CAUSES YES THE TIME TO THE	IGS USED OF DEATH? NO
Hem 21 is morked	MEDICAL	gove rise to imm couse (o), stating underlying couse PART 2 OTHER SIGN 19a DATE OF OPERAT 21a. ACCIDENT WAS UNDO OR CONTRIBUTING COURT WEDIC 21d INJURY OCCURR WHILE NOTIFY MEDIC 22a. I certify that (I) sow the decouse obove, (I) (we) (d) 22b. SIGNATURE	which lediote g the lost. ISTECANT CONDITION ION 19b. CO ERRLYING 1 AUSE OF DEATH HOU! AL EXAMINER 1 EIED 21e PL/ (AT HON ix b) (this hospital) attended to live on idd) did not view the best of the condition of the conditio	DO, OR AS A CONSEQUEN DO, OR AS A CONSEQUEN POSSIBLE SCONTRIBUTING TO DE ONDITION FOR WHICH CO ME OF INJURY R A.M. MONTH DAY P.M. ACE OF INJURY ACE	EPILEPTICUS ACE OF LE ACUTE CERCE EATH BUT NOT RELATED TO THE TE OPERATION WAS PERFORMED YEAR 19 211 LOCATION STREET LOCATION STREET 19 21. ond that in (my) our) aprini	200 AUTOPSY? YES NO WORKED (ENTER NATURE OF INJUIT CITY OR TO no deoth occurred on the do	20b. IF YES, WERE FINDIN IN CERTIFYING CAUSES YES (CAUSES YES) WIN COUNTY The ond hour and from the cause of the conditions of the cause of the cau	IGS USED OF DEATH? NO STATE
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MPOPLANT If Item 21 is marked	WEDICAL WEDICAL	GOVE FISE to imm couse (a), stating underlying couse PART 2 OTHER SIGN 19a DATE OF OPERAT 21a. ACCIDENT WAS UND OR CONTRIBUTING CERTIFIER NOTIFY MEDIC 21d INJURY OCCURR AT WORK NOTIFY MEDIC 22a. I certify that (IV) Sow the decompodove, (IV) (we) Id 22b. SIGNATURE 22d. PHYSICIAN'S NA PATRIC URIAL, CREMATION, F	which lediote g the lost. UST INTERPRETATION OF THE PROPERTY IN CONTROL OF	DO, OR AS A CONSEQUEN DO, OR AS A CONSEQUENCE DO, OR A	EPILEPTICUS ACE OF ACUTE CERCES EATH BUT NOT RELATED TO THE TE OPERATION WAS PERFORMED YEAR 19 211 LOCATION STREET DEGREE ATTENDING PHYSICIAN 22e ADDRESS	20a AUTOPSY? YES NOW URRED (ENTER NATURE OF INJUIT CITY OR TO TO MANUAL ON DEPTITE OF THE MENTAL OF THE MENTA	20b. IF YES, WERE FINDIN IN CERTIFYING CAUSES YES THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL T	IGS USED OF DEATH? NO STATE that (I (we) as couses stated SIGNED 18/185
MPOPLANT If Item 21 is marked	WEDICAL WEDICAL	GOVE FISE to imm couse (a), stating underlying couse PART 2 OTHER SIGN 19a DATE OF OPERAT 21a. ACCIDENT WAS UNDO OR CONTRIBUTING COURT (IF ETHER NOTIFY MEDIC 21d. INJURY OCCURR AT WORK NOT WHEN AT WORK 22a. I certify that (I) Sow the decease obove. (I) we) (d) 22b. SIGNATURE PATRIC URIAL, CREMATION, F PECIFY)	which lediote g the lost. UST INCOMPLIANT CONDITION IPS. COMPLIANT C	DO, OR AS A CONSEQUEN DO, OR AS A CONSEQUEN POSSIBILITY SIS CONTRIBUTING TO DE DONDITION FOR WHICH CO ME OF INJURY R. A.M. MONTH DAY P.M. ACE OF INJURY ACE OF INJURY ACE STREET, FACTORY, OFFICE FAR BY THE CONTRIBUTION OFFICE FAR ACE OF INJURY ACE O	EPILEPTICUS ACE OF ACUTE CERCES EATH BUT NOT RELATED TO THE TE OPERATION WAS PERFORMED (YEAR 19 211 LOCATION STREET DEGREE ATTENDING PHYSICIAN 220 ADDRESS 7600 OS AME OF CEMETERY OR CREMATOR	20a AUTOPSY? YES NO X URRED (ENTER NATURE OF INJUIT CITY OR TO MEDICAL STAF DIRECTOR PHYSIC Y 23d LOCATION CITY OR TOWN	20b. IF YES, WERE FINDIN IN CERTIFYING CAUSES YES TO COUNTY COUNTY COUNTY 22c. DATE FIAN 22c. DATE THE SON MO COUNTY	STATE that (I we or courses stated SIGNED 18/185
IMPORTANT If them 2 I is morked	WEDICAL 23a BI (S	GOVE FISE to imm couse (o), stoting underlying couse PART 2 OTHER SIGN 19a DATE OF OPERAT 21a. ACCIDENT WAS UND OR CONTRIBUTING COURT 21d IN JURY OCCURR AT WORK NOTHY MEDIC 22d. I certify that (I) sow the decessed obove, (I) well of 22b. SIGNATURE 22d. PHYSICIAN'S NA PARTIC URIAL, CREMATION, F. PRECIFY URIAL, CREMATION, F. PRECIFY NERAL DIRECTOR	which lediote g the lost. USE INFICANT CONDITION IPS. CO. LERLYING 1 21B. TIM HOUSE AUSE OF DEATH AUSE OF DEATH AUSE OF DEATH HOUSE LALEXAMINER) LED 21e PL. (AT HON REMOVAL 23B. DATI 3/2.	DO, OR AS A CONSEQUEN DO, OR AS A CONSEQUEN POSSIBILITY SIS CONTRIBUTING TO DE DONDITION FOR WHICH CO ME OF INJURY R. A.M. MONTH DAY P.M. ACE OF INJURY ACE OF INJURY ACE STREET, FACTORY, OFFICE FAR BY THE CONTRIBUTION OFFICE FAR ACE OF INJURY ACE O	PILEPTICUS ACE OF LE ACUTE CERCES EATH BUT NOT RELATED TO THE TE OPERATION WAS PERFORMED 211 LOCATION STREET DEGREE ATTENDING PHYSICIAN 220 ADDRESS 7600 OS AME OF CEMETERY OR CREMATOR SSION Helpers Comments Cem. 250 E	20a AUTOPSY? YES NO X URRED (ENTER NATURE OF INJUIT CITY OR TO MEDICAL STAF DIRECTOR PHYSIC Y 23d LOCATION CITY OR TOWN	20b. IF YES, WERE FINDIN IN CERTIFYING CAUSES YES TRY IN ITEM IS PART I OR PART 2) WN COUNTY WN COUNTY WN COUNTY THE STATE OF THE	STATE that (I we or couses stated SIGNED 18/85 2/204

DHMH - 16 60M 7/84 (VRA 15, 4)

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A THE STREET STR

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

100	0	-	Carlo Carlo	

	REGISTRAR		CERTIF	CATE OF DEATH	REG. NO).	
	CEASED NAME FIRST	WIDDLE	L	AST	20. DATE OF DEATH	MONTH DAY YEAR	2b HOUR
(117)	Charlo	tt E	ERNSTE	ERGER	March 31,	1985	10:50 A
6 3. SE		. RACE	5. DATE O	F BIRTH	6. AGE (IN YEARS LAST BIRT	MONTHS DAYS	HOURS MIN.
	-	w	5	122/16	68	YRS.	
	IRTHPLACE (STATE OF FOREIGN)	b. CITIZEN OF WHAT COUNTRY?	MARRIED	NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF DEATH	
1	MD	USA	WIDOWE		Baltimor	re County	MD
10 0	ROSSVILLE	1. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET	ADDRESS]	SQ	TYPE OF WORK FOR MOST OF	WORKING HEE INDUSTRY	OF BUSINESS OR
	AL RESIDENCE (IF NURSING HOME OR C STATE M P 136 COUN	THER INSTITUTION, GIVE RESIDENCE BEFORE 13c. CITY OR TOW ALTO ESSE	ADMISSION]	13d. INSIDE CITY LIMITS? YES NO P	13e.STREET ADDRESS /	ZIP CODE	2/22/
14 F.	ATHER'S NAME FIRST GEORGE	DDLE LEWIS		15. MOTHER'S MAIDEN NA/ FIRST	WE	UNK	AST
		NED FORCES? 16b. SOCIAL SECU 220 09.		JOSEPH	ERNST E	BERGER	ADO
		one couse per line for (a), (b), one BY.	dicil	Arrest		APPRO BETWEEN	XIMATE INTERVAL LONSET AND DEATH
-	IMMEDIATE	DUE TO, OR AS A CONSEQUE	NCE OF		181 //	72.11	
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	(b) Congestiv Chronic Ub DUE TO, OR AS A CONSEQUE	e Hear Struc ENCE OF	ct Failure and tive Pulmonary	d End Stage y Disease	*** 1	
NO	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO L	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONE	DITION GIVEN IN PART 1	10
CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES	
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH DA	AY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR PART 2)	
MEDICAL	21d. INJURY OCCURRED WHILE OF NOT WHILE OF NOT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.)	211 LOCATION STREET	CITY OR TO	WN COUNTY	STATE
	22a.1 certify that (this hospits sow the deceased alive an above, (K (we) (did) (did) (did)	March 31 19.	March 85—, on	24, 19.85 d that in (my) (our) opinion of	, toMarch death occurred on the do	31, 19_85 Ite and hour and from the	, that (we) lost e couses stated
	22b. SIGNATURE	Lel dhause	(ATTENDING PHYSICIAN	MEDICAL STAP	F 3/2	SIGNED
	Doreen E.	Feldhouse M.D.		9000 Frankl	in Square D	rive., 2123	7
230	BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL	1. 10	PORE	EMETERY OR CREMATORY THE PRESENTATION	23d. LOCATION CHY OF TOWN	COUNTY	40 STATE

DHMH - 16 50M 4/83 (VRA 15, 4)

ADORESS 300

the attending physicion and completely filled in by the funeral direct remove corbonpapers. Pages 1 and 2 should be filled within 72 hours or

MPORTANT: If Item 21 is marked or Item 18 shows ony injury, or other traumatic event, the medical exam

should be detached for use as the burial-transit permit. Then please remove carbon pape: with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

TO FUNERAL DIRECTOR.

DHMH - 16 60M 7/B4

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

06885

REGISTRAR			CERTII	ICAIL OI	DEATH	REC	. NO.			
DECEASED NAME	FIRST	MIDDLE	L	AST		20 DATE OF DEAT	H MONTH	DAY	YEAR 2	HOUR
ME	ILVA	L.	ERVI	N	34		3	23	85 8	1:40A
. SEX	4 RACE		5. DATE C			6 AGE (IN YEARS LAS	T BIRTHDAY)			F UNDER 24 HRS
FEMALE	WHIT	CE	MONTH	25	05	80	YR	MONIHS	DAYS	OURS MIN.
BIRTHPLACE (STATE OF FOR	IGN TO CITIZEN O	F WHAT COUNTRY	(? 8			9. BALTIMORE CIT			ATH	
W. Va.	USA	4	WIDOWE	D NEVER	MARRIED	Balto.	Count			
CITY OR TOWN OF DEATH	I 11. NAME O	F HOSPITAL, NURSI	ING HOME C	Land or		12a USUAL OCCUP			KIND OF I	ME BUSINESS OR
Baltimore		SUCH FACILITY, GIVE STREE		TT		Nurse	ST OF WORKIN	G LIFE) INC	ospit	a l
JSUAL RESIDENCE (IF NURSING	HOME OR OTHER INSTITUTION	an Nursin	ORE ADMISSIONI	. Herri	age	214200			ODPIO	CO.L
	D-14-	13c. CITY OR TOV		13d INSIDE		13e STREET ADDRE		1777		
Md.	Balto.	Linthicu	Jm	YES _	S MAIDEN NAM	507 I	ouise	Ave.	21()90
Charles	MIDDLE	Work	man		nknown	WIDDI	E	U	nknow	n
WAS DECEASED EVER IN	U.S. ARMED FORCES			17 INFORM	ANT	AD	DRESS			
No	THE SITE WAS ON DATES!	212-18	3-3624	Robe	rt Ervi	n	Same a	as 13	е	
18 CAUSE OF DEATH	Enter only one couse p	per line for (o), (b), o	and ics.				,		APPROXIMA BETWEEN ON	TE INTERVAL
PART I. DEATH WAS	CAUSED BY: MEDIATE CAUSE (o)_	ACI		CARDIO	RESP1	NATORY	FAILL		. 1	DAY
										,
		OR AS A CONSEOU	LIENCE OF				1			
C-Pr- 7		OK 151	MELL	F. IM	1.10:0	70 7	40 PM	11111	n	10 NTA
Conditions, if ony, w	hich ((b)	OBSTA	MOIN	E JAN	INDIC	E 207	to Po	LYF	n	CONTI
gave rise to immed	thich (b)_ diate the DUE TO,	OBSTA	MOIN			E 207	to Po	CYP	NES	LONTA
gave rise to immediately couse (a), stating	hich (b)_	05551	MOIN	E JAN ASCI		E 207	to Po	LYP	YEA	LONTA NS
gave rise to immed couse (a), stating underlying couse	thich diate the lost. (b) DUE TO,	OBSTA OR AS A CONSEQU	UCTIV-	BO	10		ONDITION	GIVEN IN		LONTA NS
gave rise to immediately couse 101, stating underlying couse PART 2 OTHER SIGNIF	thich diate the lost. (b) DUE TO,	OBSTA OR AS A CONSEQU	UCTIV-	BO	10		ONDITION	GIVEN IN		LONTA NS
gave rise to immediately couse 101, stating underlying couse PART 2 OTHER SIGNIF	thich (b) diate the lost. (c) CANT CONDITIONS	OBSTA OR AS A CONSEQU	UENCE OF	AS CO	O TO THE TERMI		20b. IF	YES, WERI	PART 1:0	S USED
gave rise to immed couse (a), stating underlying couse	thich (b) diate the lost. (c) CANT CONDITIONS	OBSTA OR AS A CONSEQU CONTRIBUTING TO	UENCE OF	AS CO	O TO THE TERMI	NAL DISEASE OR C	20b. IF IN CER	YES, WERI	PART 1(0 E FINDING CAUSES OI	S USED F DEATH?
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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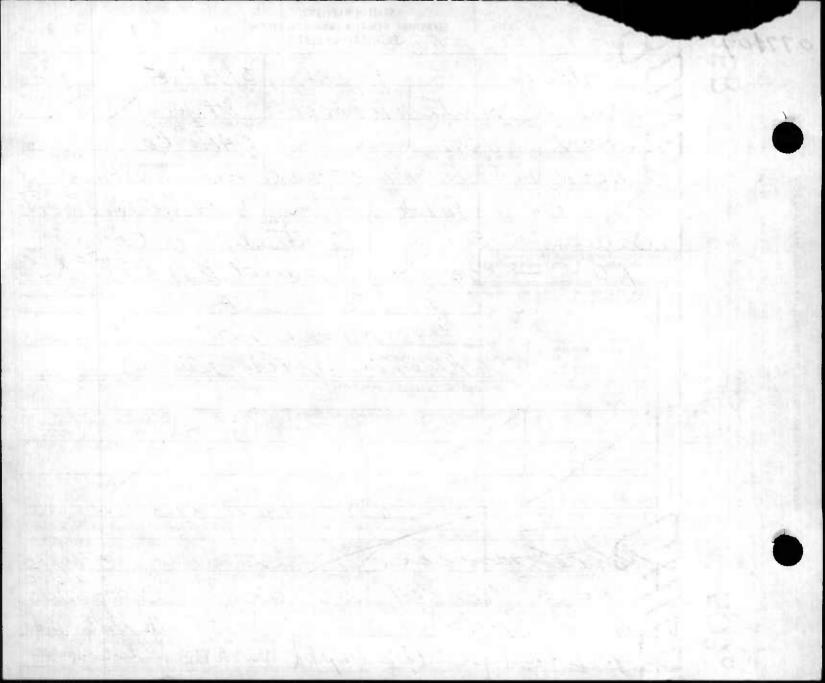
V		REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO	D.	
		CEASED NAME OR PRINTS	PRU	ie (VERLY	3/17/	MONTH DAY	26. HOURS
-	3. SEX	X ale	75. CITIZEN OF WH.	s. DATE C MONTH 10 AT COUNTRY? 8.	16/00 YEAR	6. AGE (IN YEARS LAST BIRT 8 4 GR	YRS PEATH	STINS THE
2	-	OWSON	1 05	A MARRIEI WIDOWE		BAHO	Co	MD.
2	10. CI	NO WSON		CLITY, GIVE STREET ADDRESS)	812 Regester	120 USUAL OCCUPATH (TYPE OF WORK FOR MOST O		PS Ad
2		AL RESIDENCE (IF NURSING HOME) STATE 13b. CS	E OR OTHER INSTITUTION GIVE		131. INSIDE CITY LIMITS? YES NO	130.STREET ADDRESS	ZIP CODE WENTWOE	21234 Th AV
2	14. FA	ATHER'S NAME PIRST Ulliam	MIDDLE &	jerly	15. MOTHER'S MAIDEN NAME FIRST	rale MIDDLE	Coor	AST 2001
7		VAS DECEASED EVER IN U.S. YES, NO OR UNINOWN) (IF YES	ARMED FORCES?	05-03-9010	17. INFORMANT	ast n./	8/2/2/2	By Lo
	TION	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost PART 2. OTHER SIGNIFICAL	USED BY: DIATE CAUSE (o) DUE TO, OR AS DUE TO, OR AS DUE TO, OR AS NT CONDITIONS CONT	RIBUTING TO DEATH BUT	TE C Landa NOT RELATED TO THE TERM		DITION GIVEN IN PART I	
1	CERTIFICATION	PROPERATION	CONDITIO	N FOR WHICH OPERATIO	N WAS PERFORMED	YES NO	20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES []	S OF DEATH?
7	MEDICAL CE	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O (IF EITHER, NOTIFY MEDICAL EXAM 21d. INJURY OCCURRED WHITE NOT WHILE	F DEATH HOUR A.M. P.M. 21e. PLACE OF	MONTH DAY YEAR	THE LOCATION STREET	ED I SANDE MATURE OF PARIS		STATE
		220. I certify that (I) (this h saw the deceased eliverabove, (I) (ver) (did) (did		er death,	nd that in (my) (our) opinion of DEGREE	MÉDICAL STAI	271. DAT	, that (I) (we) last e couses stated E SIGNED
1	1	22d. PHYSICIAN'S NAME (1	's O'De	DNNell	750/ VOE	EK RU	TOWSON	2/204 Md
	C	SURIAL, CREMATION, REMO (SPECIFY)	VAL 236. DATE/ 3/14/	85 West	EMETERY OR CREMATORY	23d LOCATION CITY OF COMME	ville Ball	o. mal
	24. FL	INERAL DIRECTOR	Kanhy-	West Trien	Iship MI M	AR 1 4 1985	25h REGISTRAR'S SIGNA	ATURE - Pandall

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and should be detached for use as the buriol-transit permit. Then please remove carbonpapers. Pages with the State Dept. of Health and Mental Hygiene priar to burial, crematian, or removal.

MPORTANT: If Item 21 is morked or Item 18 shows any injury, or other troumotic event, the

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be retained by the hospital or attending physician.



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	72
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 having after death. Page uttang be retained by the hospital or ottending physicion.	06
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely fulled in by the Lateral director, port 3 should be detached for use as the busiol-transis permit. Then please remove carbon papers. Pages, hand 2 should be find within 72 haurs after denth with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal.	4
IMPORTANT: If Item 21 is marked or Item, 18 shows any injury, or other traumatic event, the medical manner milk the marked or Item, 18 shows only injury, or other traumatic event, the medical manner milk the marked or Item, 18 shows only injury, or other traumatic event, the medical manner milk the marked or Item, 18 shows only injury, or other traumatic event, the medical manner milk the marked or Item, 18 shows only injury, or other traumatic event, the medical manner milk the marked or Item, 18 shows only injury, or other traumatic event, the medical manner milk the marked or Item, 18 shows only injury, or other traumatic event, the medical manner milk the marked or Item, 18 shows only injury, or other manner milk the marked or item, 18 shows only injury, or other manner milk the marked or item, 18 shows only injury, or other manner milk the marked or item, 18 shows only injury, or other manner milk the marked or item, 18 shows only injury, or other manner milk the marked or item, 18 shows only injury, or other manner milk the marked or item, 18 shows only injury, or other manner milk the marked or item, 18 shows only injury, or other manner milk the marked or item, 18 shows only injury, or other milk the marked or item, 18 shows only injury, or other manner milk the marked or item, 18 shows only injury, 18 shows only	

STATE OF MARYLANI
DEPARTMENT OF HEALTH AND ME

NTAL HYGIENE

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	1	REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO	D.		
		CEASED NAME FIRST		MIDDLE		AST		MONTH DAY	YEAR	2b. HOUR
	{TYPE	OR PRINT)	ster Flor	rence Fair	rley		March 14,	1985		6 30 M
	3. SEX	x F	4 RACE		5. DATE O	17, 1896 YEAR	6. AGE (IN YEARS LAST BIRT	HDAY) # UI MONT	HS DAYS	IF UNDER 24 HRS. HOURS MIN.
5		RTHPLACE (STATE OF FOREIGN COUNTRY)	76 CITIZEN OF	WHAT COUNTRY?	8. MARRIE WIDOWE	D NEVER MARRIED DIVORCED	Baltimore city o Baltimore	-	DEATH	MD.
7		TOWSON				of Maryland	12d USUAL OCCUPATE (TYPE OF WORK FOR MOST OF Manager		NDLISTRY	y Shop
5		AL RESIDENCE (IF NURSING HOME STATE 136 CO		Baltimo	N	13d. INSIDE CITY LIMITS?	13. STREET ADDRESS /	zır cope elveder	e Ave	. 21239
2	A FA	ATHER'S NAME ERST Thomas	Wells Por	rts		15 MOTHER'S MAIDEN NAM	oara El la Pi	rice	LAS	1
2		VAS DECEASED EVER IN U.S., YES, NO OR UNKNOWN) (IF YES,	ARMED FORCES? GIVE WAR OR DATES)	166. SOCIAL SECU 215 12 0		Presbyteria	n Home of Mo	-	wson,	21204 Md.
		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	SEÓ BY: ATE CAUSE (o) DUE TO, O (b) DUE TO, O (c)	R AS A CONSEQUE	NO RE	Pinatony Iches	Annest		14	MATE INTERVAL JUNSET AND DEATH
2	CERTIFICATION	190 DATE OF OPERATION	1exin	7		N WAS PERFORMED	200 AUTOPSY?	206 IF YES, WI	ERE FINDING CAUSES	NGS USED
7	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMIT 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 220.1 certify that (I) (this has saw the deceased alive	PEATH HOUR A PER) 21e. PLACE (AT HOME, ST	M. MONTH DA M. OF INJURY REET, EACTORY, OFFICE, F. The deceased from	ARM. ETC 1	21c. HOW INJURY OCCURR 21c. LOCATION STREET , 19 7 and that in (my) (our) opinion of	CITY OR TO	wn	COUNTY	STATE that (I) (we) last couses stated
		Obove, (I) (suc) (died) (died) 27b. SIGNATURE 27d. PHYSICIAN'S NAME (TYPE)	e ON A L	SUG J		DEGREE ATTENDING	MEDICAL STAF DIRECTOR PHYSIC	F IAN	22c DATE 3~	SIGNED
		BURIAL, CREMATION, REMOV	23h. DATE 3/18/			emetery or crematory	23d LOCATION CITY OFFICE Baltim	ore, Mď	PUNTY	STATE

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

6500 York Rd.

MAR 1 8 1985

74 FUNERAL DIRECTOR
NAME
MITCHELL-WIEDEFELD HOME, INC.

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENES
CERTIFICATE OF DEATH

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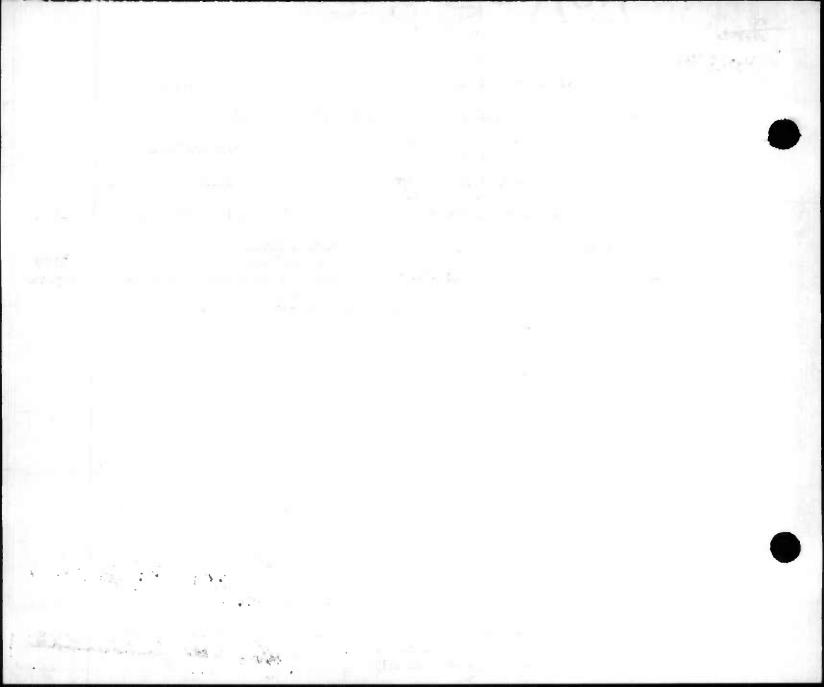
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	1 -	FOR STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HYGI	IENE S	063	8 8	
O		CEASED NAME FIRST		MIDDLE	t	AST	20. DATE OF DEATH	MONTH DAY YE	AR 2b HOUR	_
1	(TYPE	Mrs. A	nna Fe	ihe			March	24 1985		М
1	3. SEX		4 RACE		5. DATE C		6. AGE (IN YEARS LAST BI			
ı	F	emale	Caucas	rian	Jul.	v 27 1892	92	YRS.	DAYS HOURS MIN.	
		RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8.	D NEVER MARRIED		OR COUNTY OF DEAT	Н	_
4		arvland	USA		WIDOWE		Baltimore	Country	M	D.
1	10. CI	TY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a. USUAL OCCUPAT	TION 12b KII	ND OF BUSINESS OR	?
	F	Rockdale	_	Mindale C			Homemaker	0	,,,,,	
-	USUA 13a. S	AL RESIDENCE (IF NURSING HOME TATE 13b. COL		GIVE RESIDENCE BEFORE		113d INSIDE CITY LIMITS?	13e STREET ADDRESS	/ 7IP CODE		_
	-		timore	Rockdal		YES NO X	_	dale Circle	21207	
0	14. FA	THER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NAM	WE		LAST	_
100	E	Edward McGann	Middle			Margaret Hug			(23)	
1		VAS DECEASED EVER IN U.S. A	ARMED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANTAME Fe	ihe ADDR	ESS	21207	_
1		b	SIVE WAR OR DATES!	216-46-	0476	8319 C Minda		Baltimore	Maryland	
1		18. CAUSE OF DEATH (Enter	anly one couse per	line for (a), (M) and	dici.¶	1		BETY	PROXIMATE INTERVAL WEEN ONSET AND DEATH	_
		PART I. DEATH WAS CAU	SED BY: ATE CAUSE (0)	(4)	uln	moculia	v alnen	W		
		IMMEDI		R AS A CONSEQUE	NCE OF					_
		Conditions, if any, which	DUE 10, 0	K AS A CONSEQUE	INCE OF					
1		gove rise to immediate cause (a), stating the	10,	DAS A CONSEQUE	NCE OF		-			_
1		underlying couse last.	(6)	r as a conseque	INCE OF					
ı		PART 2 OTHER SIGNIFICAN		ONTRIBUTING TO E	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COM	NDITION GIVEN IN PA	RT Iro	=
1	CERTIFICATION									
	CAT	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FI	INDINGS USED	_
7	TIF						YES NO	YES [NO [
Ī	CER	210 ACCIDENT WAS UNDERLYING	LI LIGHTON A	OF INJURY M. MONTH DA	AV VEAD	21¢ HOW INJURY OCCURR	RED (ENTER NATURE OF IN)	URY IN ITEM 18 PART I OR PAI	RT ?)	
7	AL	OR CONTRIBUTING CAUSE OF E	EATH	M. MONTH DA	19					
	MEDICAL	21d. INJURY OCCURRED	21e. PLACE	OF INJURY		211 LOCATION	CITY OR T	OWN COUNT	TY STATE	_
	2	WHILE NOT WHILE AT WORK	(AT HOME, SI	REET, FACTORY, OFFICE, F	ARM, ETC.)	JINEE!				
1		22a 1 certify that (1) (this has			18-	31 19 74		19_85	, that (I) (we) los	. †
1		saw the deceased alive a above_H (we) (did) did	t) view the body	19_	· 01	nd that in (my) (our) apinion o	death occurred on the	date and hour and from	m the couses stated	
1		228. SIGNATURE	10	oner deom.		DEGREE		22c. [DATE SIGNED	_
		/////	m			ATTENDING PHYSICIAN	MEDICAL STA		2011	1
٦		224 PHOISTCIAN'S NAME IT	CHEVENTS			22e ADDRESS			10	
		Howard Gar	her			5310 01d C	ourt Pd			
٦	23a. B	SURIAL, CREMATION, REMOVA		23€ 1	NAME OF C	EMETERY OR CREMATORY	23d LOCATION			=
	(specify) Aurial	3-26-8				CITY OR TOWN	COUNTY	Mary land	
				uneral Dire		oly Redeemer	Baltimore E REC'D BY REGISTRA	City P256 P2C/STRASSEM		-
	Я	NAME LOIT	-				AR 2 6 BB	3 guia vane	Constitution of the second	

8728 Liberty Road Randallstown, Maryland 21133

DHMH - 16 50M 4/83 (VRA 15, 4)

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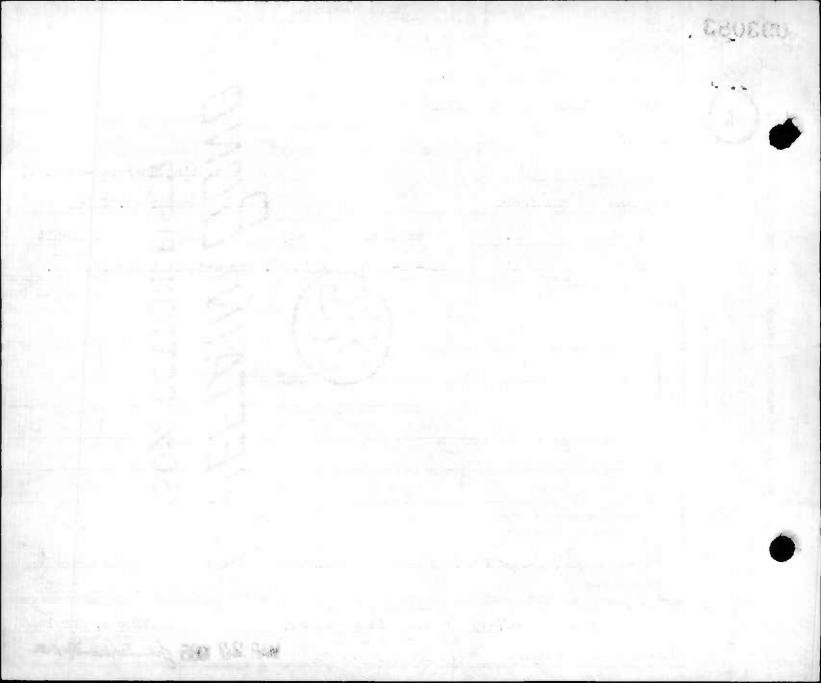
IF ANY DELAY TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DEL EXECUTE THE CERTIFICATE, WRITING THE WORD." PENDING". IN PENCIL IN 11EM. 18. GIVE PAGES 1.2. AND 3 TO PAGE 4. STHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALLONG WITH FORM, THE RETAIN TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED MALAL. TRANSIT PERMIT PAGES 1. AND 3 SHOULD BE AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF MALL PEOPLOSE BARTIMORE, MARYLAND, 21201 PRIOR TO BURNAL, CREMATION, OR REMOVAL. DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201

07/84 25M

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF BEATH

6 8

	CEASED NAME	FIRST		MIDDLE		LAST			G. NO.		
	E OR PRINT)			WIDDLE		LASI		20 DATE KNOW	-	ONTH DAY	YEAR
	102	JAMES		W.		ERGUSO		DEATH MAT			19 85
3. SEX	4. RA	CE !	DATE OF BIRTH		AGE (IN YEARS IF U	NDER 1 YR.	IF UNDER 24 HRS	20 DATE PRONOUNCED	MÖ	NTH DAY	YEAR
Ma	le V	hite	2 2	1922	63 YRS.	IMS DATS	HOURS MIN	DEAD	3	3 24	19 85
7a B1	RTHPLACE (STATE OF		b. CITIZEN OF WH	AT COUNTRY	? 8. MAR	RIED A NEV	ER MARRIED	9 BALTIMORE	ITY OR CO	DUNTY OF D	EATH
Vi	rginia		USA			WED 🗆	DIVORCED	Baltim	ore Co	ounty	
	TY OR TOWN OF D	ATH	11. NAME OF HOS	PITAL, NURSIN	NG HOME, OR OT	HER INSTITUT		SUAL OCCUPATIO	N (TYPE OF W	ORK 12b. KIN	INDUSTR
W	nite Marsh	1	Bird Rive			nt Fan		perating			
USUA 13a ST	L RESIDENCE (IF IN	136 COUNTY	OTHER INSTITUTION, GI	13c. CITY OR	ORE ADMISSION)		TY LIMITS? 13g. ST				
	ryland	Balti	imore	ISC. CITT OR	IOWN	YES -	NO 0x 612	Ebenez	er Rd	. 2116	2
14. FA	THER'S NAME		MIDDLE			15. MOTHE	R'S MAIDEN NAM	VE WIDDLE			467
1	James		M.	Fe:	rguson		acy	May		Schi	naul
16a. W	AS DECEASED EVE				SECURITY NO.	17. INFORM	TANT	AD	DRESS	2]	162
(YE	Yes	(IF YES, GIVE W.	V 11	220-	01-4297	Regin	na E. Fer	rguson 61	21 Eb	enezer	Rd.
	18. CAUSE OF DEA	TH (Enter only	ane cause per line	for (a) (b) an	d(c))					AP	PROXIMATE (EEN ONSET
NOI	PART 2 OTHER SIGNIFICA		NTRIBUTING TO DEATH	BUT NOT RELATED !	TO THE TERMINAL DISEA	SE DR CONDITION	GIVEN IN PART 1 (a).				
IIFICAT	19a. DATE OF OPE	RATION	196 CONDIT	ION FOR WH	ICH OPERATION	WAS PERFOR/	MED?				UTOPSY?
MEDICAL CERTIFICATION	210 EXTERNAL CA UNDERLYING CONTRIBUTING		21b. TIME OF HOUR A.M	MONTH DA	AY YEAR	OW INJURY	OCCURRED (ENTE	R NATURE OF INJURY IN	TEM 18 PART 1	OR PART 2)	
OG:	214 INTURY OCCU	PRED	21e PLACE C	OF INJURY (A		CATION					
W	WHILE NO	T WHILE	STREET, FACT	ORY, FARM, ETC)	200	STREET		CITY OR TOWN		COUNTY	
			-Cab-	-9-1-1			. [7]				
			of the remains des		3	7	Inspection X	Inquiry .	and in r	my apinian	
	death resulted fro	m: Natura	causes K.	Accident	, Suicide L	, Hamici		etermined manner	<u>ا</u>		
	ACTUAL SIGNATURE	M	2n	2		M.D. ASS		DICAL EXAMINER	D S	ATE G	3-25-
	EXAMINER'S NAM (TYPE OR PRINT)	Ann M	. Dixon,	M.D.		_ADDRESS	111 Peni	n St., Ba	ilto.,	Md.	2120
230.BI	JRIAL, CREMATION				AE OF CEMETERY		ORY 23d I	OCATION		COUNTY	er.
	Buri	al	3-27-85	Hol:	ly Hills		ery	I	altim	ore, M	aryl
	INERAL DIRECTOR		A DODESS	Ar.Las		Rd.	So. DATE REC'D.	Y REGISTRAR 25	REGISTRA	R'S SIGNATU	JRE
T:	SSAhn Fun	retal He	me		. MD. 2	1236	MAK (4	心智	Juliand	widson-	Mande



lefely filled in by the funeral director, page 3

	STATE OF MAKTLAND
FOR	DEPARTMENT OF HEALTH AND MENTAL HYGIEN
STATE	
REGISTRAR	CERTIFICATE OF DEATH.

STATE OF MARYLAND		-10.0		
NT OF HEALTH AND MENTAL HYGIENS	13	0	6	3
CERTIFICATE OF DEATH.	DE	G NO		
CERTIFICATE OF DEATHS	RE	G. NO.		

					REG. N			
	CEASED NAME FIRST	WIDDLE	LAS	oT .	20. DATE OF DEATH	MONTH DAY	YEAR	26 HOU
(TTPE	5AM	UEL H.	FIG	GINS	27 mone	1 8 3	5	62
3. SE.	X	4 RACE	5. DATE OF	BIRTH	6. AGE (IN YEARS LAST BI		INDER I YEAR	IF UNDER
	MOLE	Wh. 75	Apri	1 28, 1927	57	YRS.	THS DAYS	HOURS
70 B	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	TRY? 8.	□ NEVER MARRIED □	9 BALTIMORE CITY	R COUNTY OF	DEATH	
	Virginia	U.S.A.	WIDOWED		Ba1	timore		
	atonsville	11. NAME OF HOSPITAL, NI (IF NOT IN SUCH FACILITY, GIVE Spring Gro	STREET ADDRESS)		120. USUAL OCCUPAT (TYPE OF WORK FOR MOST O	F WORKING LIFE)	12b. KIND C INDUSTRY	F BUSINE
	AL RESIDENCE (IF NURSING NOME OF STATE MAD COULD Pr	NTY 13c CITY OR	TOWN	3d. INSIDE CITY LIMITS? YES 🔀 NO 🗌	13e STREET ADDRESS 3702 - 3		20712 reet)
14 FA	ATHER'S NAME FIRST	MIDDLE LAS	ST .	5. MOTHER'S MAIDEN NA	MIDOLE		T_ T T LAS	ī
11 0	John	Figgi		Ada		100	Valls	
	WAS DECEASED EVER IN U.S. AF	VE WAR OR DATES!		17. INFORMANT		2101-N		X La
	No .	217-8	32-1164	Lucille R.	Jones b	Bowie,		MATE INTER
	Conditions, if any, which gove rise to immediate cause (a) stating the	DUE TO, OR AS A CONS			/			
	Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONS (b) DUE TO, OR AS A CONS (c)	SEOUENCE OF	OT RELATED TO THE TEDA	MINAL DISEASE OF CON	DITION CIVEN	IN PART 1:-	
NOI	Conditions, if any, which gave rise to immediate couse (a), stating the	DUE TO, OR AS A CONS (b) DUE TO, OR AS A CONS (c)	SEOUENCE OF	OT RELATED TO THE TERA	MINAL DISEASE OR CON	DITION GIVEN	IN PART 110	31
TIFICATION	Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONS (b) DUE TO, OR AS A CONS (c)	SEQUENCE OF		MINAL DISEASE OR CON 200. AUTOPSY? YES NO	DITION GIVEN 20b. IF YES, WIN CERTIFY IN YES	ERE FINDIN	IGS USED
CAL CERTIFICATION	Conditions, if ony, which gove rise to immediate couse Io), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CONS (b) DUE TO, OR AS A CONS (c) CONDITIONS CONTRIBUTING 196 CONDITION FOR W 216 TIME OF INJURY HOUR A.M. MONTH	G TO DEATH BUT NO		200. AUTOPSY? YES NO	206. IF YES, W IN CERTIFYIN YES	ERE FINDING CAUSES	GS USED OF DEATI
MEDICAL CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DE	DUE TO, OR AS A CONS (b) DUE TO, OR AS A CONS (c) CONDITIONS CONTRIBUTING 196 CONDITION FOR W 216 TIME OF INJURY HOUR A.M. MONTH	G TO DEATH BUT NO HIGH OPERATION H DAY YEAR	WAS PERFORMED	200. AUTOPSY? YES NO	20b. IF YES, WIN CERTIFYIN YES	ERE FINDING CAUSES	GS USED OF DEATI
	Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a. 1 certify that (1) (this hosp saw the deceased alive on obove, (1) (we) (did) (did not not on obove, (1) (we) (did) (did not not obove, (1) (we) (did) (did)	DUE TO, OR AS A CONS (b) DUE TO, OR AS A CONS (c) CONDITIONS CONTRIBUTING 196 CONDITION FOR W 216. TIME OF INJURY HOUR A.M. MONTH P.M. 216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OI ital) offended the deceased for the street of t	G TO DEATH BUT NO HICH OPERATION H DAY YEAR 19 FFICE, FARM, ETC.) rom 11- 19 85, and	WAS PERFORMED 21c. HOW INJURY OCCUR 21f. LOCATION STREET -21 19 84 that in (my) (our) opinion	200. AUTOPSY? YES NO CITY OR TO CITY OR TO	20b. IF YES, WIN CERTIFYIN YES THE INTERNITE OF THE INTER	G CAUSES COUNTY	NGS USED OF DEATI NO
	Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE IF EITHER NOTIFY MEDICAL EXAMINE! 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK NOT WHILE AT WORK AT WORK 220.1 certify that (1) (this hosp saw the deceased alive or	DUE TO, OR AS A CONS (b) DUE TO, OR AS A CONS (c) CONDITIONS CONTRIBUTING 196 CONDITION FOR W 216 TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OI itol) otherded the deceased for the	CEOUENCE OF G TO DEATH BUT NO (HICH OPERATION H DAY YEAR 19 FFICE, FARM, ETC.) TOM DEC. DEC.	WAS PERFORMED 210: HOW INJURY OCCUR 211: LOCATION STREET -21 19.84	200. AUTOPSY? YES NO CITY OR TO CITY OR TO death occurred on the d	20b. IF YES, WIN CERTIFYIN YES THE INTERNITE OF T	G CAUSES COUNTY	NGS USED OF DEATH NO St

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and is should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

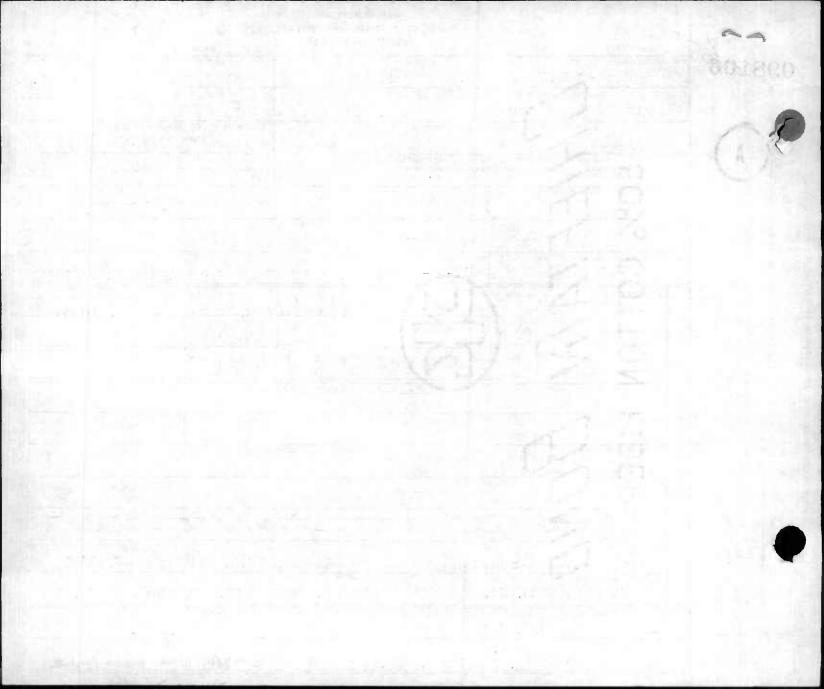
24 FUNERAL DIRECTOR DHMH - 16 50M 1/81 (VRA 15, 4) Nalley's F.H.Inc.

Mt. Rainier, Md.

APR 03 1985 Aug Maid Market

The second secon - 5-17

		FOR STATE			DEPART	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG	IENE 8 5	0	6 8	9	1
		REGISTRAR EASED NAME FIR		A	AIDDLE		AST STEED C	REG. 1	MONTH	DAY YEAR	2b HOU	
a deod	. SEX		BERT	ACE	В.	5. DATE C	INEBERG	MARCH 6. AGE (IN YEARS LAST E		15 UNDER 1 YEAR	6:30	-
office.	, JEA	MALE	1. 1.	WHITE		MONTH		-79	YRS	MONTHS DAYS	HOURS	MIN
186	C	THPLACE (STATE OR FOREK OUNTRY) ARYLAND	3N .7b. C	USA	WHAT COUNTRY	2 1	D X NEVER MARRIED	9 BALTIMORE CITY BALTIMO	OR COUNT		1	ME
10		Y OR TOWN OF DEATH JTHERVILLE	11.		WOOD GIVE TREE	NG HOME C	DR OTHER INSTITUTION	120 USUAL OCCUPA (TXPEDEWORK FOR MOST	TION of working	126 KIND C INDUSTRY LAW	F BUSINE	SSOR
outd be	JSUA 130 M	L RESIDENCE (IF NURSING H	ALT IM	RINSTITUTION.	GIVE RESIDENCE BEFO		13d INSIDE CITY HMITS?	13 9 TREET ANDRESS	ZIP COL	£ 21093		
	4 FA	THER'S NAME SAMUEL	MIDD	LE	FINEB	ERG	IS. MOTHER'S MAIDEN NA. LENA	ME MIDDLE		DUN		
Poges		AS DECEASED EVER IN USES NO OR UNKNOWN) (15	.S. ARMED YES, GIVE WA		219-38		MRS. ANITA F	INEBERG 9		OD CT.	(210)93)
the do		18. CAUSE OF DEATH IE PART I. DEATH WAS	nter anly ar	ne cause per	line for (p), (b), o	nd (c	a. + +			BETWEEN	MATE INTER ONSET AND	VAL DE ATH
Then plans to bur all njury, or oth	NO	PART 2 OTHER SIGNIFIC		(c)	R AS A CONSEQUENT ON TRIBUTING TO		NOT RELATED TO THE TERM	MacL INAL DISEASE OR CO	NDITION G	IVEN IN PART 11	a	
t permit iene prior ows ony	CERTIFICATION	198. DATE OF OPERATION		19b CONDI	TION FOR WHIC	H OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NOTE	IN CERT	ES, WERE FINDING CAUSES		H?
-1/1		210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL E.	OF DEATH	21b. TIME O HOUR A./ P./	M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF IN.	IURY IN ITEM 18	PART I OR PART 2)		
marked at	MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE AT WORK		21e. PLACE ((AT HOME STR	OF INJURY EET, FACTORY, OFFICE	, FARM, ETC)	211 LOCATION STREET	CITY OR	OWN	COUNTY	S	TATE
of Healt		220 I certify that (I) (this sow the deceased a above, (I) (we) (did)				8.5	nd that in (my) (arr) opinion	death occurred an the	date and ho			≈e) last oted
atoched from Dept. of		226. SIGNATURE Willia	m	Ber	non		DEGREE ATTENDING PHYSICIAN	MEDICAL ST	AFF ICIAN []	3/2:	SIGNED	
should be der		22d. PHYSICIAN'S NAME WILLIAM	,		•		3506 N. CALV	ERT ST. BA	LTIMO	RE,MM N	MD.	
3 2		URIAL, CREMATION, REM		36. DATE 3/28/8.			EMETERY OR CREMATORY FRIENDSHIP CE	23d. LOCATION CITY OR TOWN BALTIMO	RE.,	MD.	51	TATE
6 60M 7/B4 15, 4)	24 FU	NESOL LEVINS	ON & TOWN	BROS.	ALTIMORE	., MD	(21215) AP	E REC'D. BY REGISTRA	R 25b. REGIS		TURE Pandal	e_



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS?

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0	0	O	7	la

ı	1-	STATE REGISTRAR				CERTIF	ICATE OF DEATH	REG. NO	D.	l Ga
		CEASED NAME OR PRINT)	FIRST MARY		ER	ì	AST	March 23rd		2b. HOUR
	Female 4 RACE White 76 BIRTHPLACE (STATE OR FOREIGN USA USA USA USA				Deconth 23, Dal 905 YEAR		6. AGE TIN YEARS LAST BIRT	YEAR IF UNDER 24 HRS		
							9 BALTIMORE CITY OR COUNTY OF DEATH Baltimore County			
2	TOWSON 11. NAME OF HOSPITAL, NURSING HOME OF HOSPITAL, NURSING MUTTI-MED. CEN USUAL RESIDENCE (# NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE 130. STATE 1136. COUNTY Md. Balto. Towson				DR OTHER INSTITUTION	120 USUAL OCCUPATE (Type of work for most o Homemaker		ND OF BUSINESS OF STRY		
,				VN 13d INSIDE CITY LIMITS?						
	14. FA	THER'S NAME Dennis	L. 1	Bergin	LAST	15. MOTHER'S MAIDEN NAME Margaret Leahy				LAST
		VAS DECEASED EVER YES NOOR UNKNOWN)		MED FORCES?	213-74-3					21212
		Conditions, if ony,	AS CAUSE IMMEDIA , which	TE CAUSE (0)	acute RAS A CONSEQUE	My NCE OF	cart Wiser		m	PROXIMATE INTERVAL MEN ONSET AND DEATH
	TION	couse (a), stating underlying couse PART 2 OTHER SIGN	lost.	(c)			NOT RELATED TO THE TERM			RT Ito
	ERTIFICATION	19a. DATE OF OPERA				OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FI IN CERTIFYING CAI YES [USES OF DEATH?
3	ш	21a. ACCIDENT WAS UNI	DERLYING	216. TIME O	FINJURY		21c HOW INJURY OCCURE	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART I OR PAI	RT 2)

21e PLACE OF INJURY

HOUR A.M. MONTH P.M

YEAR

211 LOCATION

CITY OR TOWN

COUNTY

220.1 certify that (1) this hospital attended the deceased from sow the deceased alive on F B 2 0 19 above (1) (30) (did) (did not) view the body after death.

22b. SIGNATURE

ATTENDING MEDICAL STAFF PHRECTOR PHYSICIAN

72d. PHYSICIAN'S NAME (TYPE OR PRINT)

OR CONTRIBUTING TO CAUSE OF DEATH

(IF EITHER NOTIFY MEDICAL EXAMINER)

NOT WHILE

71d INJURY OCCURRED

Walter R. Welzant, M.D., P.A.

23b. DATE

22e ADDRESS

6100 York Rd., Balto., MD 21212

23a. BURIAL, CREMATION, REMOVAL (SPECIFY)

23c. NAME OF CEMETERY OR CREMATORY

DEGREE

23d LOCATION Baltimore City

STATE

STATE

that (II) (we) last

DHMH - 16 50M 4/83 (VRA 15, 4)

medicol

the burial-tronsit permit. Then and Mental Hygiene priar tabu

should be detached for use as the with the State Dept. of Health and

IMPORTANT: If Hem 21 is

or Item 18 shaws

MEDICAL

TO FUNERAL DIRECTOR: After this certificate has been

Mitchell-Wiedefeld Home-6500 York Rd. 21212

d 27 27 2 MAR 2 6 1985

115-1-21 T. S. or-120 Ec. or 1111

The state of the state of

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and the same of th

stadio1: medafeld here. Tut reg. uu. 7191

plant of the

.6-13-

6 1 -

088138	D	1 - STATE REGISTRAI
000100	1	1. DECEASED NA

and completely filled in by the function ages frand 2 should be filed within 72

executed

requires that the death certificate

OR ATTENDING PHYSICIAN: The low

TO HOSPITAL

retained by the haspital or attending physician

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

17	6	8	(3	7
13	0	0	-	0

1		REGISTRAR		CEKTIF	CATE OF DEAT	н	REG. N	0.		
		CEASED NAME PIRST	MIDDLE .	FI	AVIN		3/2//	85	¥,==	939 _M
	3. SEX	/EMALS	A. RACE WHITS Th CITIZEN OF WHAT COUNTY	S DATE C		EAR O	AGE LIN YEARS LAST BIR	3)5.	UNDER I YEAR	IF UNDER 24 HRS
		RTHPLACE (STATE OR FOREIGN	USA	MARRIEL	DIVORCE	ED []	BALT	0 6	0	MD.
)	1	OWSON	11. NAME OF HOSPITAL, NUR ARTIN SUCH FACILITY, GIVE STR ARTIN COST	No.H.	812 RG	(1	TOUSE N	F WORKING LIFE)	12b. KIND OI INDUSTRY	F BUSINESS OR
>	13a. S	rna R	POTHER INSTITUTION, GIVE RESIDENCE BEI		136. INSIDE CITY LI	0	STREET ADDRESS	ZIP COBE	VHII	121234 Ave
	14 FA	GERARO	MIDDLE BERGMAN	00	15. MOTHER'S MAI	DEN NAME	MIDDLE	PRI	150B	IRGER
		VAS DECEASED EVER IN U.S. AR VES, NOORUNKNOWN) (IF YES, GR	RMED FORCES? 166 SOCIAL SE VE WAR OR DATES)	HIS)	Alm	900S	1 M. H	· 8/	2 84	239 Juster
		PART I. DEATH WAS CAUSE IMMEDIA Canditions, if any, which gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEC	10-f	ulmon	ARG	(FAIL	le	4-	Tays 5 yrs
7	CERTIFICATION	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING 1				AUTOPSY?	20h # YES	VEHE FINDIN	IGS USED
1	MEDICAL CERT	218 CONTENTIONS UNDERSTAND OR CONTENTIONS TO CAPPE OF THE PROPERTY MEDICAL SEASONS 214 IN MARY OCCURRED		DAY YEAR	214 HOW INJURY	OCCUMED	ENTER HATURE OF PHIL		1 08 (417)	
	MEI	AT WORK AT HOT WITE ST	(ATHOME, STREET, FACTORS, OFFI		STATE	0 =	3/2		COUNTY	STATE
			oital) attended the deceased fra	9, or	nd that in (my) (aur)	apinion deo	th accurred an the d	ate and have a		
1		22d. PHYSIQIAN'S NAME (TYPE	C PRINT	cer	ATTEN	IDING ICIAN	EDICAL STA	FF CIAN [3/2	1/85
		Charles	O'DONN	1	7501	YOU	OK Rd	-DA	110/1	2/2/204
	6	BURIAL, CREMATION, REMOVAL SPECIFY) LUNERAL DIRECTOR	3-25 1985 1	nsw 1	ATHSO	RAL 250. DATE R	BALTIMO	75b. REGISTRA	PS SIGNAT	A STATE
	3	VAOS CHAPEL	OFMEMORISS	8800 HARF	DRO RO-	MA	18 0 190	J. 1. CO. ST. O.	II A SIOIS C III	ONE

DHMH - 16 50M 4/83

(VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and c should be detached for use as the burial-transit permit. Then please remove carbon popers. Pages with the State Dept of Health and Mental Hygiene prior to burial, cremation, or remayol.

MAPORTANT. If them 21 is morked or them 18 shows any injury, or ather troumatic event, the

requires that the death certificate be executed within 24 hairs

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital or attending physician.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENS

6

	REGISTRAR		CERTIFIC	TATE OF DEATH	REG. N	0.	
	ECEASED NAME FIRST	MIDDLE	LAS	ĭ			EAR 2b. HOUR
(1)	(PE OR PRINT)	W.	Flei		0 3	04 198	5 3129PM
1.5	DOS-EPA L	RACE	5. DATE OF		6. AGE (IN YEARS LAST BIR	THOAY) IF UNDER	YEAR IF UNDER 24 HRS
			MONTH	DAY YEAR	6		DAYS HOURS MIN.
10	BIRTHPLACE (STATE OR FOREIGN 76	CITIZEN OF WHAT COUN	TRY? 8.		9. BALTIMORE CITY C		TH
T	COUNTRY)		MARRIED	NEVER MARRIED 1	30.00		
H	CITY OR TOWN OF DEATH 111.	NAME OF HOSPITAL, NU	IRSING HOME OR	No.	120. USUAL OCCUPAT		IND OF BUSINESS OR
1	CITTORTOWNOIDEATT	(IF NOT IN SUCH FACILITY, GIVE			. 1 TYPE OF WORK FOR MOST O	DE WORKING TIFE) INDU	STRY
K	CENDER 1/5 to COM	GE / 1. CO		Hasp.	wave nousem	in-netimea	Levinson &
130	STATE 136 COUNTY	13c CITY OR	TOWN 1		13e STREET ADDRESS		Klein
	laryland -	Balt		YES NO 5 MOTHER'S MAIDEN NAM	5566 CE	Donice 1	lue 2,1206
1	FATHER'S NAME FIRST Walter Flei	DIE. LAST		FIRST Ide	MIDDLE		LAST
160	WAS DECEASED EVER IN U.S. ARME		SECURITY NO.	7 INFORMANT		13 Dellar	Daive
	(YES, NOOR UNKNOWN) (IF YES, GIVE W		3-7632	ms. Donis A.			
=		2100		703, 100,000 /11	newer 10		PPROXIMATE INTERVAL WEEN ONSET AND DEATH
	18. CAUSE OF DEATH (Enter only of PART I, DEATH WAS CAUSED B	one couse per line lar (a), (b SY:	ol, and (cl.)			BET	WEEN ONSET AND DEATH
	IMMEDIATE	AUSE (0) BACK	n Pea	Ah.			
		DUE TO, OR AS A CONS	FOUENCE OF				
1	Conditions, if any, which			pholopath			
1	gove rise to immediate	(b) 7770 FT	L FAC	A 2 62 (O) P CC 7	7		
	couse (a), stating the underlying couse last.	DUE TO, OR AS A CONS	EOUENCE OF				
	underlying couse lost.	10 COPD.	uc B	11491.		11.11.21.75	
	PART 2 OTHER SIGNIFICANT CON	NDITIONS CONTRIBUTING	TO DEATH BUT N	OT RELATED TO THE TERMI	NAL DISEASE OR CON	IDITION GIVEN IN PA	ART Ito
O N	300 2340 3240						
3	190 DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATION	WAS PERFORMED	200 AUTOPSY?	70b. IF YES, WERE F	
1					YES NO	YES 🗌	NO [
CERTIFICATION	71a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c HOW INJURY OCCURRI	ED (ENTER NATURE OF INJU	JRY IN ITEM TE PART I OR PA	ART 2)
		HOUR A.M. MONTH	DAY YEAR				
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M. 21e. PLACE OF INJURY		211 LOCATION			
X	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OF	FFICE FARM, ETC)	STREET	CITY OR TO	OWN COUR	NTY STATE
				-28-19.8-5	to 3 - 4	1 n 1n 5-	5_, that (I) (we) lost
	27a.1 certify that (I) (this hospital) saw the deceased alive on	_		that in (my) (our) opinion d	. 10		
ъ	obove, (1) (we) (did) (did not) v	iew the body ofter death.	100		leath accurred on the a		
	27b. SIGNATURE		D	EGREE ATTENDING	MEDICAL STA		DATE SIGNED
	allen .	churcus	1.0	PHYSICIAN [14 185
	22d. PHYSICIAN'S NAME (TYPE OF PE	RINT)	Y	27e ADDRESS			
	Alla - T.C	4:0000	M.D.	32 -11 510	20-10 m 311	00	21208
234	BURIAL CREMATION, REMOVAL	23b. DATE		METERY OR CREMATORY	23d. LOCATION		
1	(SPECIFY) Burial	3_7_85	Oak Law		CITY OR TOWN	COUNTY	STATE
		1 1 1 1					
24	FUNERAL DIRECTOR	210	Out Line	n (emetery	REC'D_B MCM	129 HENSTHARLS AL	PALMILI (STATE OF THE STATE OF

DHMH - 16 50M 4/83

BP

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and co should be detached for use as the buriof-transit permit. Then please remove carbanaopers. Pages I with the State Dept. of Health and Mental Hygiene prior to buriof, cremation, ar removal. IMPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, the medical

John Miller Inc-6415 Belair Rd. -21206

TO SERVICE STATE OF THE SERVIC ore or is a z z z z z evir or each, nico Elenin 113 cira dive 1 - 2-1692 12. 10. i eve l' ont savaca, Toxas 707 inia -7- a and one of the contraction of on inition in-filt claim will and

/		FOR
1	-	STATE
		REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES

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050 1						

		REGISTRAR			CEKITI	CALE OF DEATH		REG. NO.			•
		CEASED NAME FIRST	M	IDDLE	L	AST TEN	2a DAT	E OF DEATH MON	VIH DAY	YE AR	26 HOUR
	(TYPE	Mary V	. Fletc	her				March 28	1985		
	3. SE)		4. RACE		5. DATE O	F BIRTH	6 AGE	(IN YEARS LAST BIRTHDA		NDER I YEAR	IF UNDER 24 HRS.
		emale	Caucasi	on	MONTH	16 1904 YEAR	80		MON	THS DAYS	HOURS MIN.
1						10 1904		IMORE CITY OR CO	YRS.	DEATH	
2		RTHPLACE (STATE OR FOREIGN		VHAT COUNTRY?	MARRIE[NEVER MARRIED		_		DEATH	
		aryland	U.S.A.		WIDOWE			ltimore Mar			MD.
6		TY OR TOWN OF DEATH		OSPITAL, NURSING FACILITY, GIVE STREET		R OTHER INSTITUTION		JAL OCCUPATION WORK FOR MOST OF WO		126. KIND O INDUSTRY	OF BUSINESS OR
1	L	ochearn	3945 So	uthern Cros	s Driv	e	Hom	emaker			
100		AL RESIDENCE (IF NURSING HOME TATE 136 CO		GIVE RESIDENCE BEFORE		13d. INSIDE CITY LIMITS?	In stop	EET ADDRESS / ZIE	CODE		
1			timore	Lochean		YES NO X	39	45 Southern	Cross	Dr.	21207
2 .		THER'S NAME				IS MOTHER'S MAIDEN NA	AME				
Y	J	ohn N. Schussler	WIDDLE	LAST		Annie Mabel	Tice	WIDDLE		LAS	iT.
-	-	VAS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFERDEDT M. Na.		ADDRESS			21215
		(ES. NO OR UNKNOWN) (IF YES.	GIVE WAR OR DATES)	213-14-9		6510 Parson		Pal	timore		Maryland
						0310 1012012	o Ave		· C	APRIDOY	
		18 CAUSE OF DEATH (Enter PART I, DEATH WAS CAU	only one couse per l			7 1 1 1 1 1 1 1	1'				ONSET AND DEATH
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			DUE TO, OR	AS A CONSEQUE	NCE OF	0 - 1 - 1 -				6	by a
	ll	Conditions, if any, which	(b)		PL	de artery to	no	dora		0	110
		gove rise to immediate couse (a), stating the	DUE TO OR	AS A CONSEQUE	NCE OF	()					
		underlying cause last.	(6)	NO A CONSEQUE					_		
		PART 2. OTHER SIGNIFICAN	IT CONDITIONS CO	INTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	MINAL DIS	EASE OR CONDITI	ON GIVEN	IN PART 1:	a
	Z O	diver	atxen.	Gall h	ladd	a) de loval	ion				
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	F		De	forate 9	all b	ladder - tives	YES [/	CERTIFYIN YES [OF DEATH?
	ERT	71a. ACCIDENT WAS UNDERLYING		1		21c HOW INJURY OCCUR					110 [
9	-	OR CONTRIBUTING CAUSE OF	DEATH		Y YEAR						
	MEDICAL	71d. INJURY OCCURRED	P.A.		19	211 LOCATION					···-
	MEC	-11,1		EET, FACTORY, OFFICE, FA	ARM ETC)	STREET		CITY OR TOWN		COUNTY	STATE
		AT WORK AT WORK			Care I	6.0		- 0 - 1 0	9	Gr.	
		22a. I certify that (I) (this ha	00 44 / 1		204	, 19	, to_	Much	<u>D</u> . 19.	-	that (I) (we) last
		sow the deceased alive above, (I) (we) (did) (did			<u></u> , on	d that in (my) (aur) apinion	death occ	turred on the date of	and hour or	id from the	couses stated
		226. SIGNATURE			(DEGREE				22c. DATE	SIGNED
		Korrina	d Classo	m.19.		ATTENDING PHYSICIAN	MEDIC	CAL STAFF TOR PHYSICIAN	1 🗆	3/29	1/85
1		224 PHYSICIAN'S NAME (TY	PE OR PRINT)	<u> </u>		22e ADDRESS				-	
		Dr. Kennaj	d Yaffee	2		5501 For	rest 1	Park Aven	ue		
	23a B	BURIAL, CREMATION, REMOV			AME OF C	METERY OR CREMATORY	23d I	OCATION			
		species)	4/1/85			Cemetery	В	altimore	C	OUNTY	Maryland

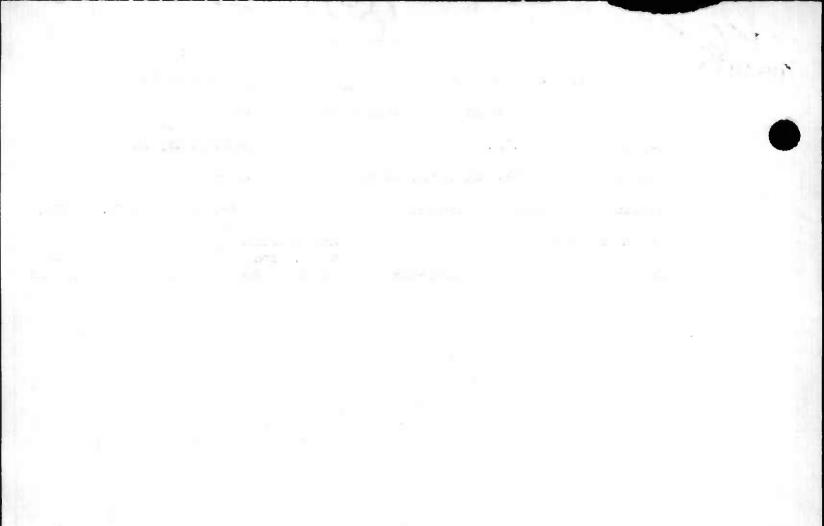
DHMH - 16 50M 4/83 (VRA 15, 4)

IMPORTANT: If them 21 is marked or them 18 shows ony injury, arother traumatic event, the medical

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physical should be detached for use as the burnol-transit permit. Then please remove carbon paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remayal.

FUNERAL DIRECTOR Loring Byers Funeral Directors, Inc. 8728 Liberty Road Randallstown, Maryland 21133

APR 1 = 1985



BP.

DHMH-16 30M 2/80

(VRA 15, 4)

078060

FOR - STATE

DECEASED NA LTYPE OR PRINT

SPECIFY)

Burial

FOR STATE REGISTRAR			DEPARTM	ENT OF HI	EALTH A	RYLAND ND MENTAL HYG OF DEATH	BIENE) REG	0	6	3	9 6	
EASED NAME	FIRST	٨	AIDDLE	LA	AST		2a. DA	TE OF DEATH		DAY	YEAR	2b. HOUR	
Sister	Mary	Rosair	е	Fole	y	R.S.M.			03	12	85	10:26a	
emale		4. RACE whi.	te	S. DATE O	D	6,1918		(IN YEARS LAS		MONTH	DER I YEAR	IF UNDER 24 HRS HOURS MIN.	
THPLACE (STATE DUNTRY)	or foreign		S.A.	MARRIED NEVER MARRIED NO NO NORCED NO HOME OR OTHER INSTITUTION MODPRESS Bellona Ave.				Baltimore County					
timore	DEATH							WAL OCCUP F WORK FOR ME NUTSI	NO. KIND OF BUSINESS OF BUSINE				
RESIDENCE (IFF ATE aryland	13h COU		GIVE RESIDENCE BEFORE 13c. CITY OF TOWN Baltin	V 1	13d INSI	DE CITY LIMITS?	13e STI	REET ADDRE	ss lona	Aven	ue 2:	1212	
HER'S NAME FIRST Luke	At I	MIDDLE J.	Foley		15. MOT	HER'S MAIDEN NA Ani ta	ME	MIDDL	E		Bach	it .	
AS DECEASED EV	ER IN U.S. AF	RMED FORCES?	16h SOCIAL SECUI	RITY NO.	17 INFO	RMANT		AD	DRESS				

Conditions, if ony, which	DUE TO, OR AS A CONSEQUENCE OF (b) SEVERA PROBRESSIVE A	YEARS	
gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQUENCE OF HODE KINS LY	4 PHOMA	NEAR
7.5	((c) 1002 Hollacing Cl.	-ct ilastit	1/10/11
	ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TER		
	107	RMINAL DISEASE OR CONDITION GI	

211. LOCATION

Kathryn Moxley

and that in (my) (aux) opinion death occurred on the date and hour and from the causes stated DEGREE

MEDICAL

CITY OR TOWN

STAFF

DIRECTOR | PHYSICIAN | 22e ADDRESS 6805

23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Baltimore Woodlawn

ATTENDING

Md . Balto.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT

WEEKS

STATE

10:26a.m.

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

COUNTY

Salt Lake City, Utah

24 FUNERAL DIRECTOR Mitchell-Wiedefeld Home, 6500°York Rd. 21212

3/15/85

23b. DATE

P.M

Te. PLACE OF INJURY

(AT HOME, STREET, FACTORY, OFFICE FARM, ETC.)

(IF YES, GIVE WAR OR DATES)

220-54-8313

CONGESTIVE

www. Handell

orden public orden on model -1., III rios oley catto 13 (10%) 5/31 3/62 by 250 (10gr) 6/21 6/21 6/21

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

AUGUSTA KATHERINE FORD MARCH 24, 1985 11: SERVING STACE	8142	1-	FOR STATE REGISTRAR		DEPARTM		EALTH AND MENTAL HYG	REG. NO.	0 6 3	9 7		
AUGUSTA KATHERINE FORD MARCH 24, 1985 I. SEX FRACE STATE OFFORD STATE OFFO	1		OR BRIATI							2b. HOUR		
FEMALE WHITE APRIL 16, 1903 81 PEMALE NUMBER PRINCE (STATE OF FORLOW) TO BURTHRACE (STATE OF FORLOW) WARRIED U.S.A. WIDOWED DEATH OUT ON TOWN OF DEATH IN. NAME OF HOSPITAL NUSSING HOME OR OTHER INSTITUTION (CITY OR TOWN OF DEATH IN. NAME OF HOSPITAL NUSSING HOME OR OTHER INSTITUTION (CITY OR TOWN OF DEATH IN. NAME OF HOSPITAL NUSSING HOME OR OTHER INSTITUTION (STATE DOES IN A CONTROLLED ON TOWN OF THE STATE ADDRESS) TOWSON ST. JOSEPH HOSPITAL IS STATE HOSPITAL NUSSING HOME OR OTHER INSTITUTION (SUSUAL RESIDENCE OF MERRICAGES) MARYLAND 21239 BALTIMORE IS MOTHER'S MADE NAME HENRY ADDRESS IN SOUTH RESIDENCE OF MERRICAGES OF THE MERCICAGES OF THE MERCI			AUGUS	TA KATH	ERINE					11:35PI		
MARYLAND U.S.A. WIDOWED DE DEMANDED DE DEATH III. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION TOWSON USUAL RESIDENCE. (# NURSING HOME OR OTHER INSTITUTION USUAL RESIDENCE. (# NURSING HOME OR OTHER INSTITUTION) USUAL RESIDENCE (# NURSING HOME OR OTHER INSTITUTION) USUAL RESIDENCE. (# NURSING HOME OR OTHER INSTITUTION) USUAL RESIDENCE (# NURSING HOME OR OTH									MONTHS DAY			
TOWSON ST. JOSEPH HOSPITAL HOMEMAKE HOMEMAKE HOMEMAKE HOMEMAKE HOMEMAKE HOMEMAKE HOME STREFT ADDRESS / ZIP CODE MARYLAND 21239 BALTIMORE WAS DECEASED EVER IN U.S. ARMED FORCES? WAS DECEAS	35		OUNTRY)					_	E COUNTY			
130 STATE 130 COUNTY 21239 BALTIMORE 131 INSIDE CITY LIMITS 13211 E . BELVEDERE AVE.	18			(IF NOT IN SUCH FA	CILITY, GIVE STREET A	DDRESS)		(TYPE OF WORK FOR MOST OF W	ORKING LIFE INDUSTR	Y		
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186 WAS DECEASED EVER IN U.S. ARMED FORCES? 186 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 186 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 212-74-7800 RALPH C. FORD, JR.1301 GLENMONT RD. APPROXIMATE PART DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF	310)4. FA	FIRST	MIDDLE	ISCHÜLT	7.	5,055	31/2/214		котн котн		
18. CAUSE OF DEATH Enter only one cause per line 19. (a), (b), and (c) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF	12	160 V	VAS DECEASED EVER IN U.S. A	RMED FORCES? 16	SOCIAL SECUR	RITY NO.	17 INFORMANT	ADDRESS				
Dehydration Sleeffield Turbclane 2 Dehydration 19b. Condition for which operation was performed 20a autopsy2 70b. If yes, were findings used in Certify ing Causes of Death yes no yes	al, cremation, or remaya r ather traumatic event,		Canditians, if any, which gave rise ta immediate cause (a), stating the	DUE TO, OR A	S A CONSEQUE	NCE OF	Faither	e.	de i Web	N ONSEL AND DEATH		
10 10 10 10 10 10 10 10	oc to burn	ATION	Deliga	radion	, 5	lees	efrolyte Impalance.					
216. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OUR A.M. MONTH DAY YEAR OF CONTRIBUTING CAUSE OF DEATH OUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH OUR A.M. MONTH DAY YEAR P.M. 19 21d. INJURY OCCURRED 216. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) 21f. LOCATION STREET CITY OR TOWN COUNTY STATE CITY OR TOWN COU	111	IFIC	DATE OF GLERAGO	TW. CONDING	or rok writers	JI EKANO	TY WAS TEN OWNED	_ !	N CERTIFYING CAUS	ES OF DEATH?		
270. I certify that (1) (this haspital) attended the deceased from	The state of the s	1837	OR CONTRIBUTING CAUSE OF D	HOUR A.M.			21c. HOW INJURY OCCUR					
saw the deceased alive an abave, (1) (we) (did) (did not) view the body after deatly 72b. SIGNATURE Signature	ked or /	MEDIC	214 INJURY OCCURRED	21e. PLACE OF			214 LOCATION STREET	CITY OR TOWN	COUNTY	STATE		
MIL ATTENDING MEDICAL STAFF ROOM	Dept. Brines.	-6	saw the deceased alive of abave, (1) (we) (did) (did)	n 5/2	20/198		DEGREE	The latest and				
PHYSICIAN SNAME LIVES OF ROBINTS 1224 ADDRESS	\$ 2 - 1		27d PHYSICIAN'S NAME LIVE	OR PRINTI			PHYSICIAN [DIRECTOR PHYSICIA	N	123/30.		
KHIN M. TUN, M.D. 2226 ADDRESS 8400 LOCH RAVEN BLVD. 583-9130	ORT							RAVEN BLVD	. 583-91	30		

DHMH - 16 60M 7/84 (VRA 15, 4)

24. FUNERAL DIRECTOR

250. DATE REC'D. BY REGISTRAR NO. REGISTRAR'S SIGNATURE
MAR 2.6 1985 Fisha Davidson-Rondolle.

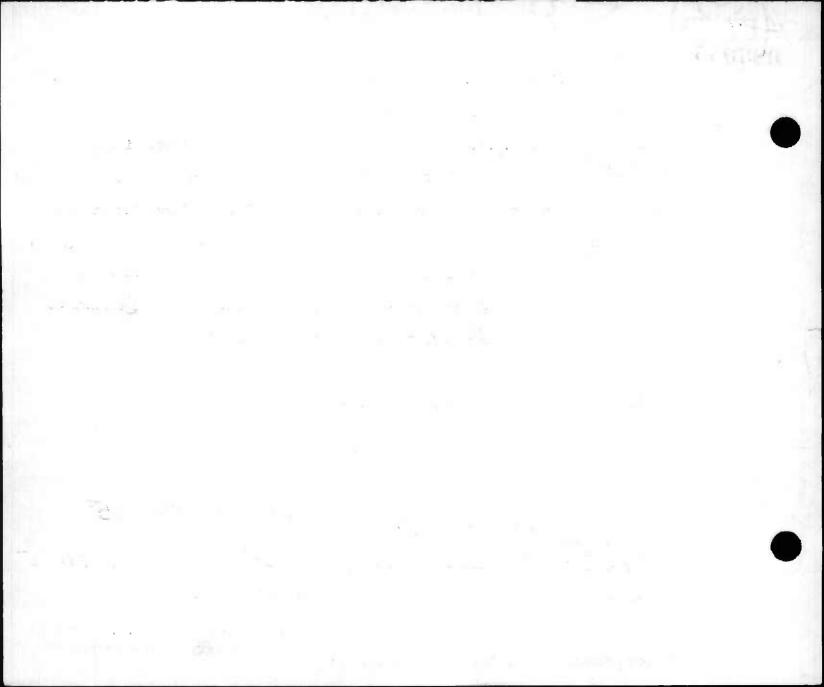
WILLIAM E. JOHNSON 8521 LOCH RAVEN BLVD MAR 26

DECLARATION OF THE PROPERTY OF

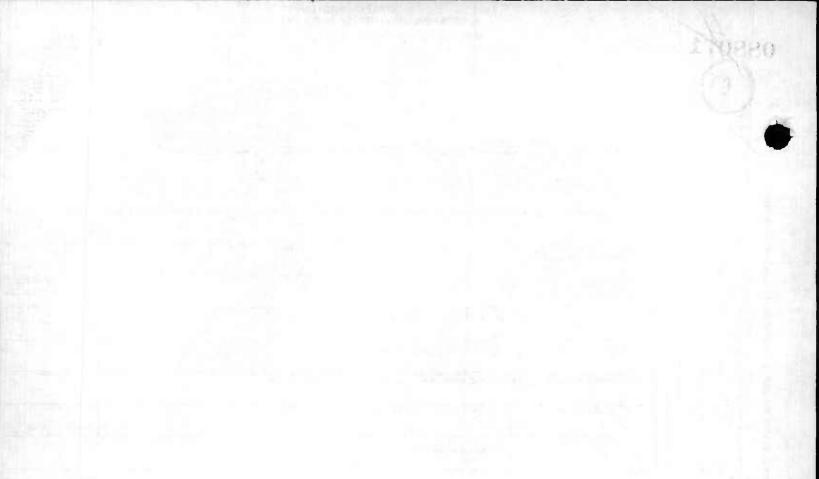
12+1		1 -	FOR STATE REGISTRAR			DEP	ARTMENT OF H	OF MARYL EALTH AND ICATE OF I	MENTAL HYG	IENES	REG. I	0	6	3	98
085053	•		EASED NAME FIRE	RLES		L.	FO	RD		2a. DATE	OF DEATH	момтн	19	YEAR 85	26. HOUR 11: 25A
Poge a mm		3. SEX	MALE	4. RAC	CE WHI	(TE	S. DATE O		17 17	6 AGE (68	SIRTHDAY)	MONTH	DER TYEAR	IF UNDER 24 HRS HOURS MIN.
death. Por	5	MA	THPLACE (STATE OR EOREIG DUNTRY) RYLAND		U.S.A		MARRIEI	*mark	VORCED 🗌			imore	Cou	inty	MD
		Hig	Y OR TOWN OF DEATH 11 timore 5 h lands 1 RESIDENCE (16 NURSING HO	4*]	108 B	altimo	rsing home of treet address) re Stree	et	TITUTION	(TYPE OF W	AL OCCUPA ORK FOR MOST OECTOR		LIFE) IN	kind of dustry ainl	BUSINESS OR Eastern ess Stee
filled filled most	5	130. S Mar	TATE 13b	COUNTY altimo		13c CITY OR			NO 🛣	4108	ADDRESS Balt	/ ZIP CO imore	Str	eet	21227
completely and 2 s	30		Edgar AS DECEASED EVER IN U.	MIDDLE	ODCESS		ord SECURITY NO.		ery	W.C	B.	DESS		LAST	(Ford)
			ES, NO OR UNKNOWN) (IF	ES, GIVE WAR O		213-05			& Adela	ide_B			2122 eorg	ia A	
rertificate ng physici ban paper removal.			PART I. DEATH WAS C	ter only one AUSED BY: EDIATE CAU	TE CAUSE (a Chthroschustre Chronal Vascular Ses										MATE INTERVAL MISET AND DEATH
death of ottendinove car otian, or troumati			Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF												
equires that the rigned by the Then please rer to burial, crem njury, or ather		z	Underlying couse lost (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVE										SIVEN IN	I PART To	
low s be e price	9	CERTIFICATION	Ten pho	19	% CONDI	TION FOR WE	HICH OPERATION	N WAS PERFO	DRMED	20a AL	JTOPSY?	IN CER		RE FINDIN CAUSES	GS USED OF DEATH?
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DING PHYS or offendin After this of e os the bur ofth and Me		MEDICAL	21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK	1.6	IE PLACE C	OF INJURY EET, FACTORY, OF	FICE, EARM ETC)	211 LOCATION STREET			CITY OR I	rown	Ç E	OUNTY	STATE
TTEN pitol TTOR: for us of He			22a.1 certify that (I) (this sow the deceased of above, (I) (we) (did) (a	ve on /	0-1	19	19 .54 , on	-	(our) opinion (death occu	rred on the	dote and h			
by the has by the has ERAL DIREC e detached Stote Dept.			27 RE AZA PHYSICIAN'S NAME	THE PRINTS	hn	on	n	DEGREE 1226. ADDRES		DIRECTO	AL ST.	AFF ICIAN 🗍		3 - 1	9.85
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BP			URIAL, CREMATION, REMI Burial		/22/8		236 NAME OF C Glen Ha			(CATION ITY OR TOWN IN Bur	nie	A A		aryland

14 FUNERAL DIRECTOR 21229
Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

DHMH - 16 50M 4/83 (VRA 15, 4)



11	/	FOR			DEDARTA	STATE	OF MARYLA		CIENE				
4	1-	STATE REGISTRAR		ME		EXAMINER		CATEOF		S REG. NO	0 6	13	0 .
88971	1. DE	EASED NAME	FIRST		MIDDLE		LAST		2a. DATE	KNOWN IX		DAY YEAR	2 2b HOUF
A SON THE	(TYP)	E OR PRINT)	WILL	Œ	F.		FOWLER	2	OF DEATH	ESTI-	3 2	4 19 8	5 ,
ARECTO NO. 17 P. STREET	3. SEX	le	Black	5. DATE OF BIRTH	4 6		MONTHS DAYS	HOURS A	4 HRS. 2c. DAT MIN. PRONOL DEA	JNCED	3 2	DAY YEA 4 19 8	1 - 01
NECESSA FUNERAL 5 FOR Y 5, WITHIN	7e. Bit	RTHPLACE (ST. REIGH COUNTRY)		7b. CITIZEN OF W	HAT COUN USA	,	MARRIED N	EVER MARRIED DIVORCED	X (MORECITY OF	-		144
A A GENERAL PARTIES AND THE PA		OSSVII		11. NAME OF HO	ACILITY, GIVE ST	REET ADDRESS)		UTION II	20. USUAL OCC FOR MOST OF WE	UPATION (TYPE		OR INDUS	
S S S S S S S S S S S S S S S S S S S	USUA 13a S		IF IN NURSINGHOME COUN	OR OTHER INSTITUTION, C	13c. CITY			CITY LIMITS? 1:	3e STREET ADDI		P.d.	2123	0
10000	1	THER'S NAME		MIDDLE		LAST		ER'S MAIDEN FIRST		MIDDLE		iams	
NOISINIO 2	16a. W	AS DECEASED S. NO, OR UNKNOW NO	EVER IN U.S. AR/	MED FORCES? WAR OR DATES)		AL SECURITY N			aht 39	ADDRESS 06 Land	rlev	Rd	Haves
PERMIT SIENE, VAL.		PART I DE	IMMEDIATE s, if any, which	TE CAUSE (o)	Alco	ond (c).) Cholism SEQUENCE OF						APPROXIMA BETWEEN ON	ATE INTERVAL ISET AND DEATH
USED AS A BURNAL - IKANSII TER OF HEAITH AND MENTAL HYGIEI RIAL, CREMATION, OR REMOVA	z	cause (a) lying caus		DUE TO, OI (c) CONTRIBUTING TO DEAT		SEQUENCE OF	OISEASE OR CONDITI	ON GIVEN IN PART I	(a),				
OF HEAL RIAL CR	CERTIFICATION	196. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED?								20 AUTOPS			
DEPARTMENT DI PRIOR TO BUIL		UNDERLYING	OR CAUSE OF I		M. MONTH		TE HOW INJUR	Y OCCURRED	LENTER NATURE OF	INJURY IN ITEM 18 PA	ART 1 OR PART		
21201 PRIC	MEDICAL	21d INJURY O WHILE AT WORK	NOT WHILE AT WORK		OF INJURY CTORY, FARM, ET		IT LOCATION STREET		CITY OR T	OWN	COUN	ĮĀ	STATE
WITH THE ST		death resulte		ge of the remoins de ral causes X,	Accident	ve, held on Suicide	TITLE (SPECIFY)	Undetermined r	monner .	I in my opin		
POGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 31 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P	1	EXAMINER'S N	NAME Ann]	M. Dixon,	M.D.		M.D. AS		enn St.,			3-25- 2120	1-1-1
10 A A	(5	Buria		3b. DATE 3/30/85		Stview	RY OR CREMAT	Pk.	234 LOCATION Ball'U	more	COUNTY		D'TE
1MH - 17 A15 ME (5))		INERAL DIRECT	March	F/H M	01 E	North	Ave.	MAR	2 6 198		Davidson	· ~	182



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1	1 -	FOR STATE REGISTRAR	DEPAR		FICATE OF DEATH	REG. NO.	0 9 0 0
4		CEASED NAME FIRST HA	HAZEL W.	1	FOX FOX	20 DATE OF DEATH MONTH	16 1985 14
1	3 SE	(4 RACE	5. DATE C		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24
_		Female	White	June	7, 1924 YEAR	60 YRS	
9		RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY U.S.A.	7? 8 MARRIE WIDOWE	D NEVER MARRIED DIVORCED	9. BALTIMORE CITY OR COUN	CE COUNTY
8	1	TOW SON		ING HOME (ET ADDRESS) SEPH	OF OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING ASST. MGR EC	12b. KIND OF BUSINESS INDUSTRY [uitable Branc
5	130 S Ma	ryland City	NTY 13c CUY OR TO	WN PE	136 INSIDE CITY LIMITS?	13e.SJREET ADDRESS / ZIP CC 4606 Roland A	Ave. 21210
1	14 FA	THER'S NAME FREST Harvey	MIDDLE LAST	r.	Sallie	MIDDLE	Florence
7		AS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SEC	URITY NO.	17 INFORMANT	ADDRESS	
1		NO	240-22-	5736	Lucy Alston	Fox, Same As	13 E 21210
-		18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUSE	nly one couse per line for (a), (b), o	ind ic	i Leucoencep.	11.77	APPROXIMATE INTERV. BETWEEN ONSET AND D
	NO	PART 2 OTHER SIGNIFICANT	((c)CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	inal disease or condition (GIVEN IN PART I (a
9	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATIO	ON WAS PERFORMED		YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH YES \(\text{NO} \)
9	_	270. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH	DAY YEAR	21¢ HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN ITEM	
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	FARM ETC)	211 LOCATION STREET	CITY OR TOWN	COUNTY STA
		sow the deceased alive at	view the body ofter death.	-	nd that in (our) apinion o	death occurred on the date and h	, 19 , that & (we
		276 SIGNATURE	7. Thace for m	1.0)	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	3/16/85
7		22d. PHYSICIAN NAME (TYPE	WALL Je. M.O		7620 Yor	K Rd. Towson	MID 21204
		urial, cremation, removal Burial		cross I	EMETERY OR CREMATORY Rds. Pres. Cem	23d LOCATION CITYORTOWN RETERY Mebane,	North Carolin
84		NERAL DIRECTOR LOCK TOWSON Fund	eral Home, Inc.	1050 Towsor	York Rd. 250 DATE	E REC'D. BY REGISTRAR 256. REG	ISTRAR'S SIGNATURE

STATE OF MARYLAND

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The second secon

Section Marie

IVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 C. PHYSICIAN. The law requires that the death certificate be executed within 24 hours offer death. Fage 4 may the	0781
been ugued by the attending physican and opagalerely filled (u.b.y) the funeral director, paged prior then please remove carbon pages, and 2 sector, be filled within 72 hours about death prior to burnol, cremation, at removal. Any many as other trainments event, the medical partition and see about all obolics.	67

	1 -	FOR STATE REGISTRAR			DEP	ARTMENT OF	TE OF MARY HEALTH AND FICATE OF	MENTAL HY	GIENE 8	S REG. NO	0	6 9	0 1
		CEASED NAME	FIRST		WIDDLE		LAST		20. DATE C			DAY YEAR	26 HOUR
		Lewi		F.		Fren	pton	Sr.	M	erch	17	1985	10:50AM
d	3 SEX	Male		RACE Wbi	te	NON!	t. 20	1889	AGE IN	96		AONTHS DATS	R IF UNDER 24 HRS
5	(RTHPLACE (STATE OR FO COUNTRY) Maryland	DREIGN 7	U.S.A	WHAT COUNT	TRY? 8 MARRII WIDOW		MARRIED	9 BALTIM	ORE CITY O	R COUNTY	OF DEATH	tu MD.
8	-	OWSON	TH 1		HOSPITAL, NU		OR OTHER IN	STITUTION	(TYPE OF WO	LOCCUPATION PRINTED PR			OF BUSINESS OR
5	13a S	AL RESIDENCE (IF NURS STATE Maryland	SHOUNT SHOUNT		I3c CITY OR Bal tir	TOWN	13d INSIDE YES 🏋	CITY LIMITS?	13e STREET 5311	ADDRESS / Grind	ZIP CODE	e. 212	14
2	14. FA	THER'S NAME FIRST John	м	B.	Fram			r's maiden na L riam	ME	WIDDLE		Frampt	om
2	16a.V	VAS DECEASED EVER I		MED FORCES? WAR OR DATES!		5-8983	17 INFORM	F. Fran	nptom,	Jr. 8		ook Oa	k Rd.
		Conditions, if any, gave rise to imm cause (a), stating underlying cause	ediate g the last	DUE TO, 0 (b) DUE TO, 0 (c)	DR AS A CONSI	EOUENCE OF		rective					
7	IFICATION	PART 2 OTHER SIGN		DITION FOR WE				200 AU	TOPSY?	20b. IF YES	, WERE FIND		
9	MEDICAL CERT	21a. ACCIDENT WAS UNDION CONTRIBUTING CC. (IF EITHER NOTIFY MEDIC 21d. INJURY OCCURR	AUSE OF DEATH	HOUR A	OF INJURY A.M. MONTH P.M.	19	211 LOCAT		YES	NO NATURE OF INJUR	EY IN ITEM 18 P.		
	W	NOT WHI AT WOR			TREET, FACTORY, OF		STRE		, to	CITY OK TOY			, that (I) (we) last
Ť		saw the declare obtained IV with a 22b. SIGNATURE	dive of		and the same		nd that in (m	ATTENDING	death accur	-	ite and have	and from the	
1		224 PHYSICIAN'S NA	ME ITYPE OR	PRINT))		22e ADDRI	SS			1		
	230 B	BURIAL, CREMATION, F SPECIFYI UTIAL	REMOVAL	23b. DATE	20,1985	Garden				CATION ITY OR TOWN	re	COUNTY	STATE Md.

DHMH - 16 60M 7/84

(VRA 15, 4)

24 FUNERAL DIRECTOR
Leonard J. Ruck, Inc. Baltimore, Md.

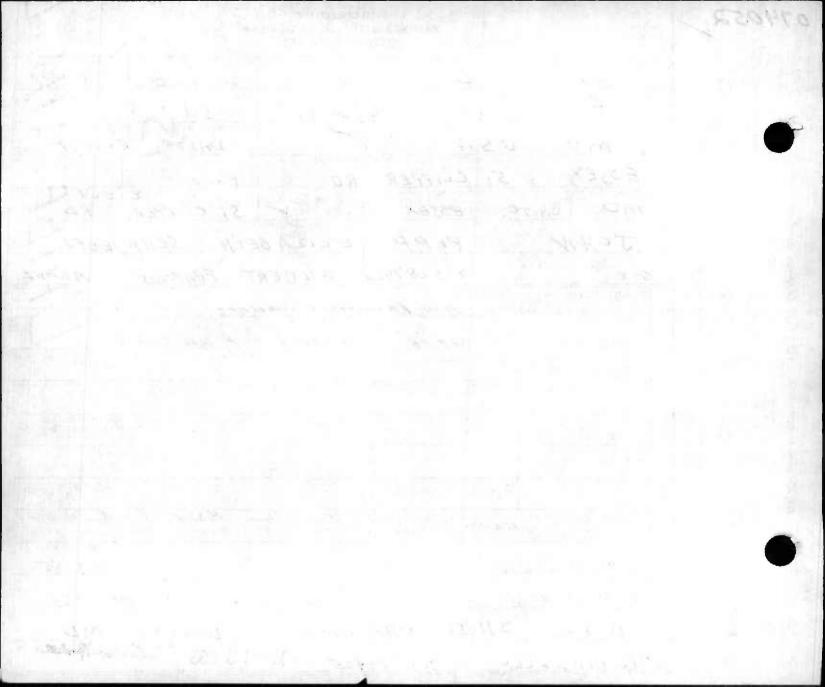
Baltimore Md.
250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Abe d 199 984 00 - 10 Larbander Companies Compan Manda on the control of the control Nager Frage M market in the state of the stat Tid-05-0087 Leafs J. Framping, Jr. Phill Sandjork th. Fitnetichle lagiture her tenlure

Appropriate June, June Belthanne, life.

and the Dist Sandour of thicking

052	-	FOR		STATE OF MARYLAND	F3	1 3 0 0
1	1	FOR STATE REGISTRAR	DEPAI	RTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO.	6 9 0 2
		CEASED NAME FIRST	MIDDLE	. LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
the 3	(TYI	RUTH	C.	FRANCIS	MURCH	8 1985 1:15P
	3. SI	×	4 RACE	S. DATE OF BIRTH MONTH / 29/33 YEAR	6 AGE (IN YEARS LAST BIRTHDAY) YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
A LAND	70 E	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTR	Y? 8. MARRIED A NEVER MARRIED	9 BALTIMORE CITY OR COUNT	1
8	1	MD.	0517	WIDOWED DIVORCED	BALTO	COUNTY MI
by the filed with		ESSEX	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STR	SING HOME OR OTHER INSTITUTION HEET ADDRESS) ER RD.	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LE	126 KIND OF BUSINESS OR INDUSTRY
filled in ould be		STATE 136 COU BA	OR OTHER INSTITUTION. GIVE RESIDENCE BEI	FORE ADMISSION) DWN 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 5/ CLIPPER	RD
etely 12 sh	14. F	ATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA	AME MIDDLE -	IASI
l and so of example t	1/-	WAS DECEASED EVER IN U.S. A	POP		BETH SCHY	VIEDER
Poges medic				87922 EILBEI	RT FRANCIS	ABOVE
0 e - £		18 CAUSE OF DEATH (Enter of	inly one couse per line for (o), (b), ED BY:	ond (c)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
e attending physinave carbon pap nave carbon pap attan, or remavo traumotic event, i			TE CAUSE (6) CARDIO	RESPIRATORY FX	ILUKE	
signed by the Then please rei to buriol, crem njury, or ather	z	couse (a), stoting the underlying couse lost PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEC	ODEATH BUT NOT RELATED TO THE TER/	WITH OXOESPILE TASASIS MINAL DISEASE OR CONDITION GIVE	
mit. Ti	CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES	S, WERE FINDINGS USED FYING CAUSES OF DEATH?
icion ite ho nsit p	- E				YES NO YE	S NO
s certificate has burial-transit per Mental Hygiene or Item 18 shows		210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		DAY YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM 18 F	PART 1 OR PART 2)
After this e as the bu olth and M marked or	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
for us of He 21 is		sow the deceased alive or	n MA ROH 8 19 19 19 19 19	00	to MARCH 8, deoth occurred on the date and hou	19, that (1) (we) lost or and from the causes stated
ne haspit DIRECTC ached fo Dept. of If them 21		226. SIGNATURE	or view inc body offer deoffi.	DEGREE		22c. DATE SIGNED
AL AL det det det det de IT. I		J.m. Jenna	and i	M. D. ATTENDING PHYSICIAN	DIRECTOR PHYSICIAN	3.8.85
FUNE FUNE old be of the Si		22d PHYSICIAN' NAME	MOY, M.D.	22e. ADDRESS	211	2/03
short Short	23a	BURIAL, CREMATION, REMOVAL		C. NAME OF CEMETERY OR CREMATORY	23d LOCATION	14), 2/25/
BP		(SPECIFY) BURIAL	3/11/85	OAK LAWN	BALTO.	COUNTY STATE
M- 16 50M 1/81 (VRA 15, 4)	24 F	UNERAL DIRECTOR T. C. CONNE	LLY 30	S A MA	R 1 3 1985	RAPIS SIGNALURA DO



022	FOR - STATE REGISTRAR	Di	STATE OF MARYLAND PARTMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	YGIENE & S	06903
		elia Estelo	FREDERICK	March 11, 198	M
3. SI	EX	4 RACE	5. DATE OF BIRTH MONTH 12 / 12 / 02	6 AGE (INYEARS LAST BIRTHDAY) 8 2 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
Ja E	BIRTHPLACE (STATE OR FORE	76 CITIZEN OF WHAT COU	MARRIED NEVER MARRIED WIDOWED DIVORCED		
2 3 /2	POSSVILLA		NURSING HOME OR OTHER INSTITUTION VESTREET ADDRESS) SQ	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L	12b. KIND OF BUSINESS OR INDUSTRY
13a.	MO.	HOME OR OTHER INSTITUTION GIVE RESIDEN LOUNTY BALTO E		1303 QUEEN	NE 21221 NSPURCHASE
14. F	THOMAS	MIDDLE WH	AST FIRST PIRST	MIDDLE	NK LAST
	WAS DECEASED EVER IN (YES NO OR UNKNOWN) (ALSECURITY NO. 17 INFORMANT 740655 JAMES	FREDERICK	JR 10A A
physicio in popers smavol.	PART I. DEATH WAS	Enter only one couse per line for (a) CAUSED BY: CAUSED BY: CAUSE (a) Card	iopulmonary Arrest	574 7 -	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
a by the attends leose remove car iol, cremation, or or other froumoth	Conditions, if any, we gove rise to immed couse (a), stating underlying couse	dinte	ricular Tachycardia vseouence of rior Septal Myocardia	al Infarction	
X Sur		ICANT CONDITIONS <u>CONTRIBUTI</u>	NG TO DEATH BUT NOT RELATED TO THE TE	rminal disease or condition gi	IVEN IN PART 10
rical-transit permit. Their state of the sta	19a. DATE OF OPERATIO	196 CONDITION FOR	which operation was performed	IN CERT	S, WERE FINDINGS USED IFYING CAUSES OF DEATH? ES NO
he burial transit nd Mental Hygi d ar Item 18 sh	21a. ACCIDENT WAS UNDER OR CONTRIBUTING CAU	SE OF DEATH HOUR A.M. MON P.M.	TH DAY YEAR 19 211 LOCATION	URRED (ENTER NATURE OF INJURY IN ITEM 18	1.0
orked o	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.) STREET	CITY OR TOWN	COUNTY STATE
Dept of Heal	22a. I certify that With sow the deceased above, (Mwe) (did 22b. SIGNATURE	ns hospital) attended the deceased alive on March 11	19.85 and that in (M) (our) opinion DEGREE	on death occurred on the date and ho	221 DATE SIGNED
should be deto with the State [IMPORTANT: If	22d PHYSICIAN'S NAM L. Villal	E (TYPE OR PRINT) Obos, MD	PHYSICIAN 22e ADDRESS		1237
₹ 3 ₹ 230.	BURIAL, CREMATION, RE (SPECIFY) BURIO	7/11/0	230 NAME OF CEMETERY OR CREMATOR	23d. LOCATION CITY OR TOWN BALTO.	COUNTY D. STATE

DHMH - 16 50M 4/B3

SPECIFY) BURIAL

24 FUNERAL DIRECTOR J.G. CONNELLY (VRA 15, 4)

300 MACE

AATORY 23d LOCATION
CITY OF TOWN
BALTO,
25d DATE REC'D. BY REGISTRAR 23D. REGISTRAR'S SIGNATURE
MAR 1 3 1985

THE PROPERTY OF THE PROPERTY OF

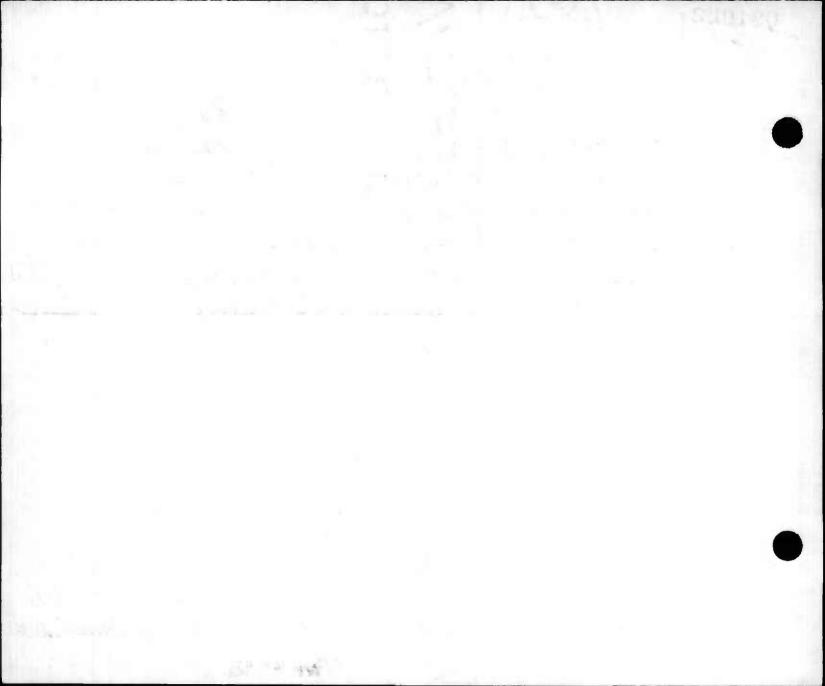
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STATE OF MARYLAND

091022

(VRA 15, 4)

FOR



certificate has been signed by the attending physic

1-	FOR STATE REGIS
	CEASED OR PRINT

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1.0	P 10	
2		6
-		

0	6	9	05
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_	REGISTRAN				REG. N		
	CEASED NAME FIRST E OR PRINT)	N	IDDLE	LAST	20. DATE OF DEATH	MONTH DAY	YEAR 26 HOUR
	Margare	t	C. FI	RIEND	March 30,	1985	12:00 P _M
3. SE	X	4. RACE		OF BIRTH	6. AGE (IN YEARS LAST 8H		R I YEAR IF UNDER 24 HRS
	-	W	MON	7/22/37	47	YRS.	
	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	VHAT COUNTRY?	ED NEVER MARRIED	9 BALTIMORE CITY O		ATH
	COL,	U.	A WIDOW	_	Baltimore	County	MD.
/	ITY OR TOWN OF DEATH		OSPITAL, NURSING HOME	OR OTHER INSTITUTION	120 USUAL OCCUPAT		KIND OF BUSINESS OR
1	OSSVILLE	FRA	FACILITY, GIVE STREET ADDRESS)	Sa.	IL S W	E WORKING (IFE) IND	JUSTRI
USU	AL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION,			1 1751		21220
130.	MAD 136. COU	ALTO	WILSON PI	YES NO P	13e STREET ADDRESS	ZIP CODE	RO.
14. E	ATHER'S NAME	MIDDLE	LAST	15. MOTHER'S MAIDEN NA	AME		LAST
	COSMO	BU	ENO	FIRST	Mode	UNK	LAST
	WAS DECEASED EVER IN U.S. AR		166. SOCIAL SECURITY NO.	17. INFORMANT	ADDR	ESS	
	YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)	9/22/37	HAROLD	FIEND	(7 BOVE
	18 CAUSE OF DEATH (Enter or	nly one couse per	line for (a), (b), and (c).)				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSE	ED BY: TE CAUSE (o)	Cardio-Pulmo	nary Arrest			
	IMMEDIA		AS A CONSTOURNES OF				
	Conditions, if any, which	DUE TO, OR	Suspected s	eptic shock,	Dissimilate	t	
	gove rise to immediate) (5)	Intravascu	Tar Coagulati	on		
	couse (a), stating the underlying couse lost.	DUE TO, OR	Metastatic	Breast Cancer			
	PART 2. OTHER SIGNIFICANT	(c)				DIVIONICATION	DADY 1
Z	PART 2. OTHER SIGNIFICANT	CONDITIONS <u>CC</u>	NATRIBUTING TO DEATH BU	TNOT RELATED TO THE TERM	WINAL DISEASE OR CON	DITION GIVEN IN	PART IIO
CERTIFICATION	190 DATE OF OPERATION	19b. CONDI	TION FOR WHICH OPERATION	ON WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE	E FINDINGS USED
E S					VICE TO 110 [CAUSES OF DEATH?
ER	718. ACCIDENT WAS UNDERLYING	7 1h TIME O	E IN II IPV	21c. HOW INJURY OCCUP	YES NO	YES _	NO []
	OR CONTRIBUTING CAUSE OF DE	- LIOUD A		R THE HOW WAJOR! OCCOR	(ENIER NATURE OF INJU	RT IN HEM IS PART I OR	PART 2)
N N	(IF EITHER NOTIFY MEDICAL EXAMINE						
MEDICAL	21d. INJURY OCCURRED	71e. PLACE (OF INJURY SET, FACTORY, OFFICE, FARM, ETC I	21f. LOCATION STREET	CITY OR TO	wn co	DUNTY STATE
2	WHILE NOT WHILE AT WORK						
	220.1 certify that (1) (this hosp	ital) attended the	deceosed fromMar	ch 28 19 85	March	30 1985	, that (I) (we) lost
	sow the deceased alive or above, (1) (we) (did) (did no	March 3	0 19 85 , c	and that in (my) (our) opinion	death occurred on the d	ote and hour and f	rom the couses stoted
	276. SIGNATURE	2	oner deom.	DEGREE		22	C. DATE SIGNED
	4.2	Servelee	1	M D ATTENDING PHYSICIAN	MEDICAL STA		3/30/85
	22d. PHYSICIAN'S NAME (TYPE	OR PRINT!		22e ADDRESS	Franklis C-	D.	01007
	Jeff		15 tein		Franklin Sq	uare Driv	re, 21237
23o.	BURIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF	CEMETERY OR CREMATORY	23d. LOCATION		

DHMH - 16 50M 4/83

BP.

TO FUNERAL DIRECTOR: After this

MPORTANT: If Hem 21 is morked or should be detached for use as the with the State Dept. of Health and

(VRA 15, 4)

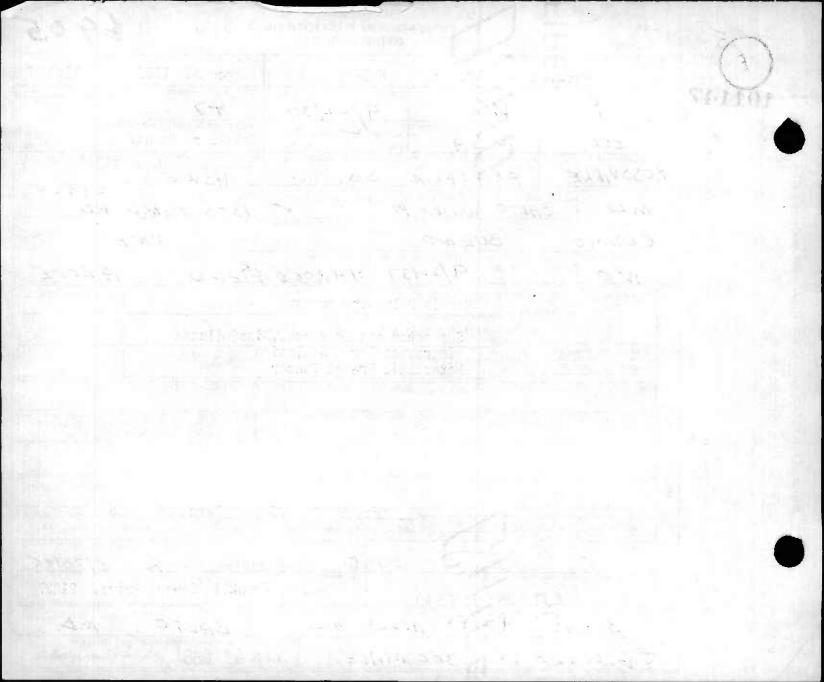
(SPECIFY) BURIAL 4/2/85 HOLLY HILL

14 FUNERAL DIRECTOR

J.D. CONNELLY 3000 MACE

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

APR 4 1985



FOR STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

U	0	3	O.	U
				- 1

(TYPE OR PRINT) LEWIS M. FUCHS 3-3-85 3. SEX 4. RACE White 5. DATE OF BIRTH MONIN DAY YEAR 78 YEAR 79 PALE 70. BIRTHPLACE (STATE OR FOREIGN TO. CITIZEN OF WHAT COUNTRY? TO UNITRY) MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTY OF DEATH ACLITY COUNTRY) COUNTRY COUNTRY	5 PM UNDER 24 HRS OURS MIN.									
Male White DAY VEAR TO BIRTHPLACE (STATE OR FOREIGN COUNTRY): MARRIED NEVER MARRIED REVER MARRIED DAY PAR PAR PAR PAR PAR PAR PAR P										
Male White Day year 76. BIRTHPLACE (STATE OR FOREIGN COUNTRY) MONTHS DAY MONTHS MONTH										
70. BIRTHPLACE (STATE OR FOREIGN TO COUNTRY) 7 BALTIMORE CITY OR COUNTRY OF DEATH COUNTRY) 8 MARRIED NEVER MARRIED 7 BALTIMORE CITY OR COUNTRY OF DEATH										
70. BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 19 BALTIMORE CITY OR COUNTY OF DEATH										
- $ -$										
Maryland WIDOWED DIVORCED DITTO CONTINUE	MD.									
10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (120. USUAL OCCUPATION (19 NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (19 PE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY	USINESS OR									
Towson ST-Joseph Hosp Clothing Buyer Dept. S	itore									
USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)										
Maryland Baltimore Towson 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS / ZIP CODE 2120										
14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME										
Joseph Fuchs Elizabeth N. Giel										
Joseph Fuchs Elizabeth N. Giel Manual December Manual Decembe										
No (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 213-10-6223 Joseph N. Karey- 102 Edgerton Rd. 212	204									
PPDOYMAI I										
18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c)) PART I. DEATH WAS CAUSED BY:	ET AND DEATH									
IMMEDIATE CAUSE (0) fluit fri lives if the My claritist myarchon										
DUE TO, OR AS A CONSEQUENCE OF	DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which (b) Arturosclerofic Cardivancular Ciquae Conditions, if ony, which (b) Arturosclerofic Cardivancular Ciquae									
Conditions, if any, which (b) Melloselesofic Carcinottise Carcinottise Conditions, if any, which gove rise to immediate										
couse (a), stating the DUETO, OR AS A CONSEQUENCE OF										
underlying cause lost (c)										
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110										
196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY? 206. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF YES NOW YES 1.0 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY INTERNITED IN PART 1 OR PART 2)										
196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 2016. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF										
YES NOW YES 1	NO 🗍									
WE CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19										
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY	STATE									
WHILE NOT WHILE AT WORK AT WORK AT WORK										
220.1 certify that (1) (this haspital) attended the deceased from Annal 1984, to March 3, 1985, the	t (1) (we) lost									
sow the deceased alive on	ises stated									
abave, (1) (we) (did not) view the body after death 2th Signature 2th Signature	ONED									
ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	150									
	74									
224 ADDRESS										
BARRY BUND M.D. 7600 OSLER DRIVE	1120									
236 BURIAL, CREMATION, REMOVAL 236 DATE 236 NAME OF CEMETERY OR CREMATORY 236 LOCATION	2120									
230 BURIAL, CREMATION, REMOVAL 236 DATE 236. NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OF TOWN	2/20									
230 BURIAL, CREMATION, REMOVAL 236 DATE 236. NAME OF CEMETERY OR CREMATORY 236 LOCATION CITY OR TOWN COUNTY										

Ruck Towson Funeral Home, Inc. Towson, Md. 21204

DHMH - 16 60M 7/B4

IMPORTANT: If hem 21 is

should be detached for use as the burnal-transit permit. Then please remove corbonapape with the State Dept. of Health and Mental Hygiene prior to burnal, cremation, or remayal.

TO FUNERAL DIRECTOR. After this certificate has been signed by the Landschad for use as the burial-transit permit. Then please

retained by the haspital or

BP.

any injury, or other troumotic event,

(VRA 15, 4)

- STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REGISTRAR REG. NO DECEASED NAME FIRST 20. DATE OF DEATH MONTH YEAR 26 HOUR PRINCIPAL PRINCI JOSEPH GABINET, 85 03 01 5:19RM 1: SEX 4 RACE AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS. MALE 06 WHITE 01 25 To BIRTHPLACE I STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED BALTIMORE COUNTY WIDOWED DIVORCED CITY OR TOWN OF DEATH 12h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY TOWSON SAINT JOSEPH HOSPITAL BALTO USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e.STREET ADDRESS / ZIP CODE 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? BALIMORE BALTIMORE 9619 NINTH AVE BALTO NOX IS MOTHER'S MAIDEN NAME # FATHER'S NAME SOMMERS 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO (IF YES, GIVE WAR OR DATES) LYES NO OR UNKNOWN) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one cause per line far (a), (b), and ic PART I. DEATH WAS CAUSED BY: HOUR IMMEDIATE CAUSE IQ DISEASE ORONAR ARTERY Conditions, if any, which gave rise to immediate cause (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? 21g. ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 21c HOW INJURY OCCURRED HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21e. PLACE OF INJURY 21d INJURY OCCURRED 211 LOCATION CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHEE NOT WHILE (1) (his hospital) attended the deceased from 2.25 (APRROX) 9 65 and that in (my) aur) apinion death accurred on the date and haur and from the causes stated we) (did idid no) view the bady after death DEGREE 22¢ DATE SIGNED ATTENDING" MEDICAL STAFF DIRECTOR PHYSICIAN PHYSICIAN 22e ADDRESS 23c NAME OF CEMETERY OR CREMATORY

DHMH - 16 60M 7/B4

(VRA 15, 4)

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DHMH - 16 50M 4/83

(VRA 15, 4)

- STATE

REGISTRAR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and that in (my) (aur) apinion death occurred on the date and hour and from the causes stated DATE SIGNED SARATOGA SPRINGS REMOVAL/BURIAL ST. PETER CEMETERY 3/22/85 24 FUNERAL DIRECTOR COL RAR 256. REGISTRAR'S SIGN TURE 1 00 21229 HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENS

CERTIFICATE OF DEATH

YEAR

85

IF UNDER I YEAR

INDUSTRY

18

2b HOUR

17b. KIND OF BUSINESS OR

REILLY

· region in the second in the second

080173 ametor, page 3 certificate be executed within 24 hours after death. Page 4 may be DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 TO FUNERAL DIRECTOR. After this certificate has been signed by the attending should be detached for use as the buriol-transit permit. Then please remove cortawith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or IMPORTANT: If Hem 21 is marked or item 18 shows any injury, or other troumati TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician

FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO.

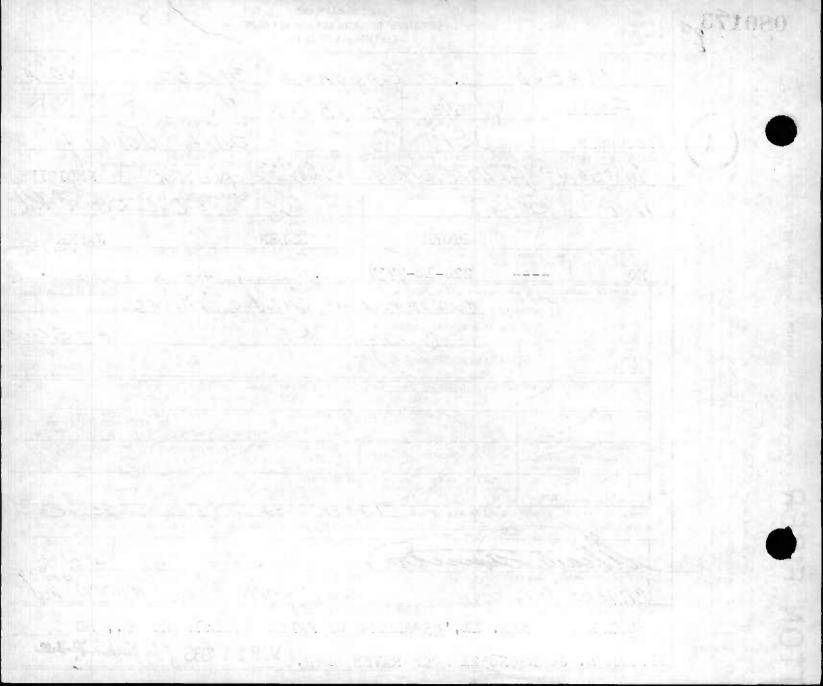
1. DE	CEASED NAME	FIRST	,	MIDDLE	L	AST	2a. DATE OF DEATH	MONTH DA	Y YEAR	2b. HOUR
(TYPE	OR PRINT) MA	Bel		E.	GA	Edwer	3/8/8	35	- (10 AM
3. SE	×	4. R	ACE		5. DATE O		6. AGE IN YEARS LAST	IRTHDAY)	UNDER LYCAR	ALCHER SAME
	FEMALE	C	W	HITE	MONTH	13/08	76	YRS	1	1
	RTHPLACE (STATE OR F	OREIGN 76.	CITIZEN OF	WHAT COUNTRY?	MARRIE	NEVER MARRIED	9. BALTIMORE CITY	OR COUNTY C	OF DEATH	
W.	ISCONSIN		U	SH	WIDOWE		DAHO	Co	UNT	Y MD.
10. CI	ITY OR TOWN OF DEA	TH 11.	NAME OF H	HOSPITAL, NURSIN	G HOME O	OR OTHER INSTITUTION	120 USUAL OCCUPA		12b. KIND O'	F BUSINESS OR
_	70WS01	V/	1817	ACUSTI	V. H.	B/2 Kegeste	NUK	se		DICINE
	AL RESIDENCE (IF NURSI	136 COUNTY	120	GIVE RESIDENCE BEFORE		136 INSIDE CITY LIMITS?	IN STREET ADDRESS	57825	Sperox	13 21
14 FA	THER'S NAME	1010	//-			15. MOTHER'S MAIDEN N	AME	7 7 3 7 3		- International Contract of the Contract of th
	FIRST	MIDE	OLE	STORM	Jak	ELLE	N		JAN	KE
	VAS DECEASED EVER			166. SOCIAL SECU	RITY NO.	17. INFORMANT	ADD	RESS	@;	21239
(,	YES, NO OR UNKNOWN)	(IF YES, GIVE WA	AR OR DATES)	220-18-	7737	CHARLES G.	ARDNER1008	QVER	BROOK	
	18 CAUSE OF DEATH	H (Enter only o	ne couse per	line (0) (0), one	d (c).)	u. And	11. 90	1,00	BETWEEN	IMATE INTERVAL ONSET AND DEATH
		IMMEDIATE C		TWIN	tra	ry- CAR	010 710	IVE	-	
	2000000		DUE TO, O	R AS A CONSEQUE	NCE OF	00			/_	~ ~ ~
13	Conditions, if ony,		(b)	C	0.	t, de	-17		7-	5 gue
1	gove rise to imm couse (o), stotin	g the	DUE TO, OI	R AS A CONSEQUE	NCE OF					0
	underlying couse	lost.	(c)							
	PART 2. OTHER SIGN	HEICHEL CON	IDIT ONS CO	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CO	NDITION GIVE	N IN PART TO	D.
NO NO		-	\			1				
CAT	HE DATE OF OPERAT	YON	196. COND	TION FOR WHICH	OPERATIO	WAS PERFORMED	200 ADTOPSY?		WERE FINDIN	
CERTIFICATION		\			1		YES NOB	YES	- CAUSES	NO B
E. C.	21a. ACCIDENT WAS UND	-	216. TIME O	FINJURY M. MONTH DA	V VEAD	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF IN	JURY IN ITEM 18 PAR	RT I OR PART 2)	
A	OR CONTRIBUTING C		P.		19		,			
MEDICAL	214 INJURYOCCURE		21e PLACE	OF INJUR		21f. LOCATION	CITYOR	Maria I	COUNTY	STATE
Z	WHILE NOT WH	THE B	(AT HOME, STR	EET, FACTORY CHIEF, F	ARM, ETC)	STREET	CITYON	0.000	COONT	STATE
100	22a.1 certify that (I)		attended the	e deceased from	10	H3/ 10 84	to 3/8	19	85	that (I) (we) lost
	saw the decease	d-olive on		19	, on	nd that in (my) (our) opinio	n deoth occurred on the	date and hour		
	Obove (I) (I) (I)	(d) (did not) vi	e- the body	ofter death.		DEGREE			22t DATE	SIGNED
	11/11	1.62	m	111	-	ATTENDING		AFF	5/1	2/05
-	22d. PHYSICIAN'S NA	ME TYPE OF FR	- Apr		0	PHYSICIAN 22e. ADDRESS	DIRECTOR PHYS	ICIAN	90	00
	16006	O C D	INI)	11		MEN VO	et Kon	1-101	wood	2 la of
22- 0	CONFERS BURIAL, CREMATION.	DEMOVAL	ONNE	122. 6	IAME OF C	EMETERY OR CREMATORY	123d LOCATION	101	1000	11)0
	BURIAL BURIAL						CITY OR TOWN	ממי	COUNTY	STATE
The second second	BURLAL UNERAL DIRECTOR	1/1	AR. 1	1,'85GA	KNTN		BALTIM(AJE REC'D, BY REGISTRA		AR'S SIGNAL	u IDD
	LLTAM E.	TOTING	ONTO	ADDRESS	T) TWY Y Y	M	AR 1 1 1085		Hason-R	andell
	A IVI H	THILL	HINKS	I LOCH	RMVE	N BLVD.	1111 A A 1000			

DHMH - 16 50M 4/83 (VRA 15, 4)

WILLIAM

JOHNSON8521 LOCH

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OR ATTENDING PHYSICIAN: The low ar attending physician

TO HOSPITAL OR ATTEN

TO FUNERAL DIRECTOR, After this certificate has been signed by the attending physician and completely illind in by the furnital should be detached for use as the burial-transit permit. Then please remove corban paper. Pages I and 2 should be filled within 72 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

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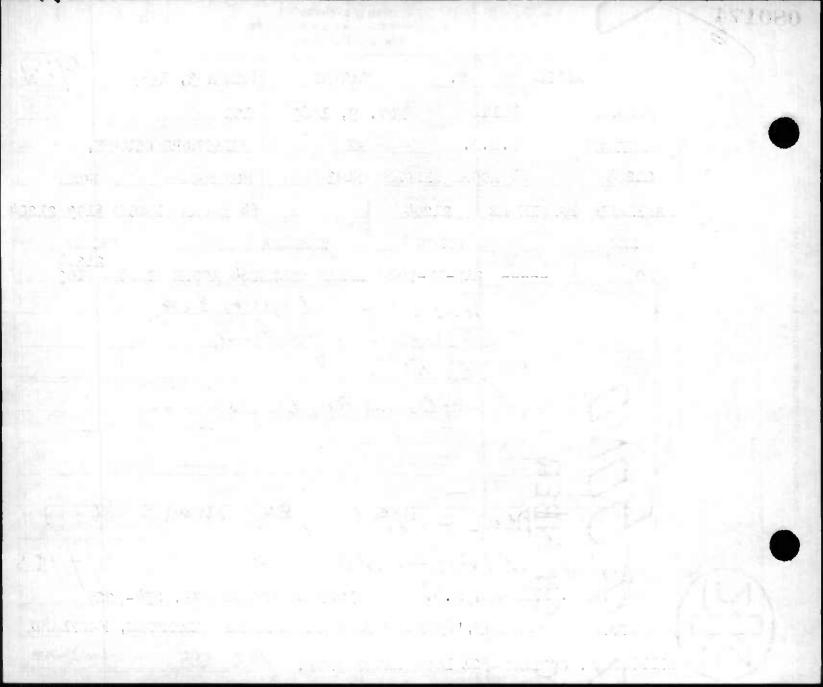
1	FOR - STATE REGISTRAR	DEPA		EALTH AND MENTAL HYG	REG. NO	o.			
	ECEASED NAME FIRST	MIDDLE		AST		MONTH DAY HE	" VETYPYR (TT)		
(146	PE OR PRINT) ANNI	E T.		GARVEY	MARCH 3.	1985	7 - Am		
3. SE	EX	4 RACE	5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIRT	HDAY) IF UNDER t			
	FEMALE	WHITE	NOV -	9. 1883	101	YRS.	SAYS PROUBS ANNE		
7a B	BIRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUNT	2Y2 8	D NEVER MARRIED	BALTIMORE CITY OF		н		
2	MARYLAND	U.S.A.	WIDOWE		BALTTMOF	RE COUNTY	MD.		
10.0	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUE	SING HOME		12a USUAL OCCUPATIO	ON 126. KII	ND OF BUSINESS OR		
7	21204	64 ACORN CI	RCLE	#103	HOMEWAKE		HOME		
13a.	STATE 13b. COL	or other institution, give residence be unity 13c. CITY OR T	OWN	13d INSIDE CITY LIMITS?	136 STREET ADDRESS /	ZIP CODE CIRCLE #	#103 2120 ₄		
	ATHER'S NAME		.04	15. MOTHER'S MAIDEN NA	ME	CTUCTIF #	+10) 2120		
0	LEO	MELC:	H	THERESA	WIDDLE	CF	RTMM		
16a	WAS DECEASED EVER IN U.S. A	RMED FORCES? 166. SOCIAL S		17 INFORMANT	ADDRE	CC	21204		
	NO (JES. NO OR UNKNOWN) (IF YES. C	219-07	-9448	HELEN TAWN	EVEL ACORN	CIRCLE			
				THE TANK	TOT ROOM		PPROXIMATE INTERVAL WEEN ONSET AND DEATH		
	18 CAUSE OF DEATH (Enter only one couse per (line for (a), (b), and (t)) PART I. DEATH WAS CAUSED BY.								
	IMMEDI	ATE CAUSE (0)	ucci	1940					
	DUE TO, OR AS ACONSEQUENCE OF								
	gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OHAL CONSE	West of the second						
z	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT	NOT PELATED TO THE TERM	INAL DISEASE OR COND	KLION GIVEN IN PAI	RT lio		
CERTIFICATION	190 DATE OF OPERATION	THE CONDITION FOR WH	ICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FI			
4 #		0	0		YES NO	YES 🗌	NO [
	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D		DAY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	TY IN ITEM IB PART I OR PAR	RT 2)		
718	(IF EITHER, NOTHY MEDICAL EXAMIN	VER) P.M.	19			>			
MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	ICE FARM, ETC.)	211 LOCATION	CITY OR TOV	wn COUNT	TY STATE		
1	AT WORK AT WORK		0			-			
	saw the deceased alive of	phalattended the deceased from		nd that in (my) (a) apinion	death occurred an the do	te and have and fram	n the couses stated		
	THY SIDNATURE!	e W. Unt	2/	ATTENDING PHYSICIAN	AEDICAL STAF DIRECTOR ☐ PHYSIC	FIAND 3	14/83		
	224 PHESTCIAN'S NAME ITY	(Dkykyd)		22e ADDRESS					
'	DONALD W. N	MINTZER, M.D.)	3009 EVER	FREEN AVE.	254-522	27		
23a.	BURIAL, CREMATION, REMOVA	1		EMETERY OR CREMATORY THEDRALCEME	23d LOCATION	IMORE, M			
24 F	FUNERAL DIRECTOR	1	· · · · · · · · · ·		E REC'D. BY REGISTRAR				
	NAME	HNSON8521 LOC		3.4	AR 4 1985	Julia David			
T/V	LATE AND TO A COLO	TACOMODET TOO	U KAY	CIN PLANT ""	" I 1000	(1			

STATE OF MARYLAND

DHMH - 16 50M 4/83

(VRA 15, 4)

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urs ofter d	d in by the full	18
iin 24 ha	y filled is	

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	FOR STATE REGISTRAR			HEALTH AND MENTAL HYD FICATE OF DEATH	REG. NO	0.	
TYPE	CEASED NAME EORETT	A C.	GATEL	LAST LAST	IN SAIL OF SEATH	3 15 8.	5 6:45
3. SE	× Æmale	4 RACE	hite 5. DATE	OF BIRTH	6 AGE (IN YEARS LAST BIR		YEAR IF UNDER 24 H
	IRTHPLACE (STATE ORFI COUNTRY) Maryland	DREIGN 76 CITIZEN OF		IED □ NEVER MARRIED □	BALTO	CO.	н
	TOWSON		HOSPITAL, NURSING HOME THE FACILITY, GIVE STREET ADDRESS)	OR OTHER INSTITUTION	12a USUAL OCCUPATN (TYPE OF WORK FOR MOST O Home Make	F WORKING LIFE) INDUS	nd of Business Try The Home
13a. S		ng home or other institution 13b COUNTY Baltimore	GIVE RESIDENCE BEFORE ADMISSION 13c CITY OR TOWN Cockeysvil	13d. INSIDE CITY LIMITS?	601 C Cran		21030
14 FA	John	MIDDLE	Banz	15 MOTHER'S MAIDEN NA FIRST UNKNOWN	WIDDLE		LAST
(WAS DECEASED EVER (YES, NO OR UNKNOWN)	N U.S. ARMED FORCES? JIF YES, GIVE WAR OR DATES)	166. SOCIAL SECURITY NO. 216-46-6521	Manley Gate	ADDRE Ly 1504 She		d 21093
z	gave rise to imm cause (a), stoting underlying cause PART 2 OTHER SIGN	the last DUE TO, O	R AS A CONSEQUENCE OF	Meast J	AINAL DISEASE OR CON		RT Ito
CERTIFICATION	190 DATE OF OPERAT	196 COND	ITION FOR WHICH OPERATI	STROKE ON WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FI	
EDICAL CER	210. ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER, NOTIFY MEDIC 21d. INJURY OCCURR	AUSE OF DEATH HOUR A. AL EXAMINER) P. ED 21e PLACE	M. MONTH DAY YEAR M. 19 OF INJURY		RED (ENTER NATURE OF INJUR		
W	saw the decease	(this haspital) attended th	5 1985	ond that in (my) (our) apinian DEGREE ATTENDING	death occurred on the do	1985	, that (I) (we)
	22d PHYSICIAN'S NA	ME (TYPE OR PRINT)	DI, MD.	PHYSICIAN I	ADIRECTOR PHYSIC	Dr. Tor	uson 21
	BURIAL, CREMATION, I	REMOVAL 23b DATE	23c NAME OF	CEMETERY OR CREMATORY	23d. LOCATION	r 01.1.74	57.1

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicial should be detached for use as the burial-transit permit. Then please remaye carbon papers

etoined by the hospital or attending physician. ATTENDING

should be detached for use as the burial-transit permit. Then please remaye c with the State Dept of Health and Mental Hygrene prior to burial, cremation,

DHMH - 16 60M 7/84 (VRA 15, 4)

Burial

Cockeysville, Maryland

24. FUNERAL DIRECTOR

March 18,1985 Dulaney Valley Cem. 1050 York Road 250 Date REC'D.

Ruck Towson Funeral Home, Inc. Towson, Md. 21204

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30	۱-	FOR STATE REGISTRAR	DEPARTM	S. DATE OF BIRTH March 2, 1985 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR IF U		1 2			
		EASED NAME FIRST OR PRINT)	MIDDLE					AY YEAR	3:07pm _M
3	SEX	Female	White			6 AGE (IN YEARS LAST BIR	M		16 UNDER 24 HRS
99		THPLACE (STATE OR FOREIGN 71	U.S.				_		MD.
10		altimore				(TYPE OF WORK FOR MOST O		INDUSTRY	
15/ [13	a 51	RESIDENCE (IF NURSING HOME OR O ATE 136 COUNT ryland Ba	THER INSTITUTION, GIVE RESIDENCE BEFORE TIMONE BATTIMON	e ADMISSIONI		Hampstead 18919 Bri		land re Roa	21074 d
14	FA1	Robert Eug					Finney	frock	ST
ledicol	g W (YE	AS DECEASED EVER IN U.S. ARM S. NO OR UNKNOWN) (1F YES GIVE Y	AVAB OD DATES	RITY NO.					
ol, cremotion, or remore of other troumotic even	M. T. C. C. C.	Conditions, if ony, which gove rise to immediate couse tol, stating the underlying cause lost.	DUE TO, OR AS A CONSEQUE	nce of	TC Injune 200	or ans, 20 W		ies cac i	On
injury, or o		PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERMI	nal disease or con	DITION GIVE	EN IN PART 1	0
Hygiene prior to the S shows ony injur		90 DATE OF OPERATION	. 19b. CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	11	IN CERTIFY	ING CAUSES	OF DEATH?
		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)			21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUI	EY IN ITEM 18 PA	ART I OR PART 2)	
h and Mental	MED	21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)			STREET	CITY OR TO	WN	COUNTY	STATE
n 21 is mo		220.1 certify tho (this hospito sow the deceased glive on above, (X(we) (did XX) not)	I ditended into deceased from _		nd that in My) (our) opinion d	to March 2	ote and hour		
VT: If Item		226. SIGNATURE DC			DEGREE ATTENDING PHYSICIAN	MEDICAL STAI		3/20	
DRIANT		R. Davis.M.			9000 Fran	klin Square	Drive	9	21237

DHMH - 16 60M 7/B4

(VRA 15, 4)

23D LEPOSATATO PHOSP ^{23b. D}3/19/85 24 FUNERAL DIRECTOR

ADDRESS

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and by hy is .

IMPORTANT: If Item 21 is marked or Item 18 Important injury, or other troumatic event, the medical propuler on the notifyed at Orce

074076 STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIEND

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	Ľ	REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO	Ο.		
	1. DEC	CEASED NAME FIRST	MIDDLE	GEN	IUT	20 DATE OF DEATH	3 12	F5	26 HOUR 445 PM
T	3 SE	F	4 RACE	5. DATE C		6 AGE (IN YEARS LAST BIR	THDAY) IF UI	HS DAYS	IF UNDER 24 HRS. HOURS MIN.
11	·	POLAND	76 CITIZEN OF WHAT COUNTRY?	MARRIEI WIDOWE		BALTIN			NT/ MD.
10	1	PIKESVILLE	11. NAME OF HOSPITAL, NURSING IF NOT IN SUCH FACILITY, GIVE STREET 2410 WILLOW		or other institution	12a USUAL OCCUPATION OF THE OF WORK FOR MOST OF THE OF WORK FOR MOST OF THE OF	F WORKING LIFE)	NDUSTRY	HESTIC
3	13a_S	AL RESIDENCE (IF NURSING HOME OF OR)TATE 13b COUN			13d. INSIDE CITY LIMITS?		LENG3	DE.	AVES
2	P	BRAHAM	MIDDLE TEITELM	MAN	15. MOTHER'S MAIDEN NAM	MIDDLE		9LP	ERIN
2		VAS DECEASED EVER IN U.S. AR (ES. NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 16b SOCIAL SECU VE WAR OR DATES) 2/5-30	-3614	ISRAEL GE	NUT 3604	GLEN	VGYL	EAVE
		PART I. DEATH WAS CAUSE	nly one couse per line for (o), (b), on D BY: TE CAUSE (o) DIFFUSE DUE TO, OR AS A CONSEQUE	= /	457100471	ic Lymp	Dhoma		MATE INTERVAL DNSET AND DEATH
		Conditions, if any, which gove rise to immediate cause 101, stating the underlying cause last.	(c)						
	ATION	PART 2 OTHER SIGNIFICANT OF	CONDITIONS CONTRIBUTING TO I	DEATH BUT	NOT RELATED TO THE TERM	TUS:	DITION GIVEN I	PART 110	
7	쑈	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION	N WAS PERFORMED	20a AUTOPSY? YES NO	20b. IF YES, WE IN CERTIFYING YES		
9	EDICAL CERT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DA	AY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1	OR PART 2)	
/	MED	WHILE OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM ETC)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
		taw the dereased olive on above (1 we)(did) (did no	tal) attended the deceased from_ 19	, on	d that in (my) (our) apinion o	leoth occurred on the do			that (I) (we) last causes stated
		77h SIGNAPURI	Femily.			MEDICAL STAF DIRECTOR PHYSIC	F	22¢ DATE	SIGNED
/		ALLAM	GENUT		2110 BUTE	ock RD	BALT	MD	21209
	23a B	URIAL, CREMATION, REMOVAL	23b. DATE 23c h	NAME OF CE	METERY OR CREMATORY	1234 LOCATION			

DHMH - 16 50M 1/81

TO HOSPITAL

BP.

(SPECIFY) BURIAL 3-15-85 MAIN CEMETERY

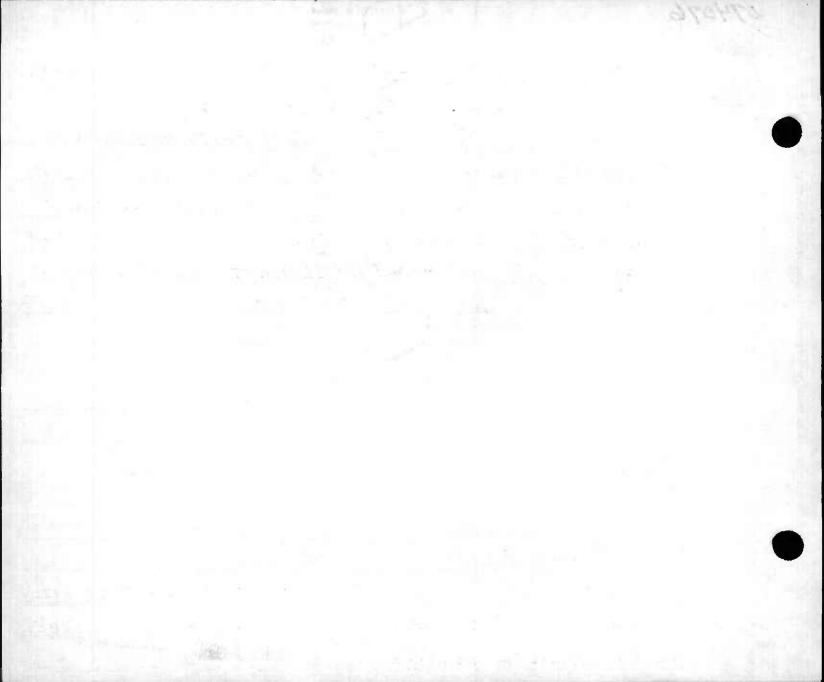
24 FUNERAL DIRECTOR

HEBREW MEMORIAL F.H. 1100 REISTERSTOWN Rd I

AIFA

250. DATE REC'D BY REGISTEAR 256. REGISTEAR AND THE

(VRA 15, 4)



11	FOR
80475	1 - STATE REGISTRA

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. N	10.				
ATE OF DEATH	MONTH	DAY	YEAR	26 HOUR	

6

L		REGISTRAN		CEITT	TEATE OF BEATH	REG. NO.			
+	DEC	EASED NAME . FIRST	MIDDLE		LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 H	IOUR	
+		DAVIL	D.	6	ILBERT	3-	4-85 3	40PM	
1	3. SEX	The same of the sa	4 RACE	5. DATE C		6 AGE (IN YEARS LAST BIRTHDAY)		DER 24 HRS	
		MALE	WHITE	MONTE	7 -9-05	80 yrs	MONTHS DAYS HOU	RS MIN.	
1	March 1 11 11 11	RTHPLACE (STATE OR FOREIGN)	16 CITIZEN OF WHAT COUNTRY	? 8. MARRIE	NEVER MARRIED	9 BALTIMORE CITY OR COUNT	TY OF DEATH		
9		CNNSYLVANIA	U.S.A.	WIDOWE		BALTIMO	ORE COU	HY MD.	
2	10 517	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI	NG HOME	OR OTHER INSTITUTION	120 USUAL OCCUPATION	126 KIND OF BUS	INESS OR	
3	0	ACTIMORE	ST. JOSE PA	151	OSPI+AL	COST ACCOUNT.		CEL	
1	13a. S	RESIDENCE (IF NURSING HOME OR COTATE 136 COUNT		ORE ADMISSION)	1134 INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP COL	DE 21204	ł	
7	MA	RYLAND BAL	TIMORE 2120	14	YES NO X	808 MOCKINGE	IRD LANE	#201	
J	14. FA	THER'S NAME	MIDDLE LAST		15 MOTHER'S MAIDEN NAM	ME MIDDLE	LAST		
4	1		GILBER	T5	1031		124		
1		VAS DECEASED EVER IN U.S. ARA	MED FORCES? 166 SOCIAL SEC	URITY NO.	17 INFORMANT	ADDRESS	21204	1110	
1		NO	213-09-	.0123	EVELYN M. G	GILBERT808MOCI	KINGBIRD	LANE	
F		18 CAUSE OF DEATH (Enter onl	ly one cause per line far (a), (b), a D BY:	ind ic			APPROXIMATE I	NTERVAL AND DEATH	
				S: 1	ESICO CUTA,	NEOUS FISTY	ILA	360	
Conditions, if any, which (16) VESICOENTERIC FISTULA									
1		gave rise to immediate cause (a), stating the							
1		underlying couse lost.	DUE TO, OR AS A CONSEQU	DIE	TR CARC	INOMA.			
		PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO	DE ATH BUT		IN AL DISEASE OR CONDITION G	IVEN IN PART 110		
	No.								
1	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	H OPERATIO	N WAS PERFORMED		ES, WERE FINDINGS (
1	F						TIFYING CAUSES OF D	EATH?	
7	ER	210 ACCIDENT WAS UNDERLYING			21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN ITEM 18			
1		OR CONTRIBUTING CAUSE OF DEAT							
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED	P.M. 21e PLACE OF INJURY	19	211 LOCATION				
	ME	WHILE NOT WHILE	(AT HOME STREET, FACTORY, OFFICE	FARM ETC)	STREET	CITY OR TOWN	COUNTY	STATE	
		AT WORK AT WORK							
		22a.1 certify that (1) (this hospite sow the deceased alive on_	tal) attended the deceased fram,		ad that in (my) (aur) apunian d	, to death occurred an the date and ho	, 19, that (
		above, (1) (we) (did) (did nat	t) view the bady after death.			Jean occurred an me date and no			
		22b. SIGNATURE			DEGREE		22c. DATE SIGN		
		Calara La			ATTENDING	MEDICAL STAFF	1 3 11	ED	
		Eduardo	1 Faying		PHYSICIAN _	MEDICAL STAFF DIRECTOR PHYSICIAN	3-4	-85	
-		22d. PHYSICIAN'S NAME (TYPE OR	R PRINT)				3-4.	-85	
		22d. PHYSICIAN'S NAME (TYPE OR EDUARDO	PRINT) 1. LAYLI	· G-	PHYSICIAN _		3-4. 28 pitm	-85	
	23a. B	EDUARDO BURIAL, CREMATION, REMOVAL	23b. DATE 23c.		PHYSICIAN DE PHYSI	DIRECTOR PHYSICIAN IN SEPH 170 M. BAN 123d LOCATION	3-4- 28 p11702 7 MD 3	-85	
	23a. B	EDYARDO BURIAL, CREMATION, REMOVAL	23b. DATE 23c.		PHYSICIAN [220 ADDRESS ST. V 7640 YM	DIRECTOR PHYSICIAN IN SEPH 170 130 LOCATION 130 LOCATIO	3-4- 3-41702 1 MD 3	-85	

DHMH - 16 60M 7/84

retained by the haspital or attending physician

TO HOSPITAL

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physican and earn truly filled. By the should be detached for use as the buriol-transit permit. Then please remove carbonpopers ranges i and 3 mould be filled with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

(VRA 15, 4)

24 FUNERAL DIRECTOR
WILLIAM E JOHNSON8521

LOCH RAVEN BLVD

MAR 5 1985 Janu Javidson-Mandere

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1	-	STATE

STATE OF MARYLAND

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0176	1 -	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH		
	1. DECEASED NAME FIRST [TYPE OR PRINT]		Gilotty Gilotty		March 5, 1985 6a
other. P	3. SEX	Female	4 RACE White	5. DATE OF BIRTH Feb. 8, 1905	80 YRS.
	130. STATE Md. 136 COUR Balt		76. CITIZEN OF WHAT COUNTRY?	MARRIED WEVER MARRIED WIDOWED DIVORCED	Baltimore County of DEATH Baltimore County
10			11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT 1222 TATITY OF STREET ADDRESS) COTHER INSTITUTION. GIVE RESIDENCE BEFORE ADMISSION) NTY 13. CITY OR TOWN Reisterstown 14. INSIDE CITY LIMITS? YES NO X 15. MOTHER'S MAIDEN N Peligu		126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) HOUSewife 126. KIND OF BUSINESS O INDUSTRY
35/20					229 Tidyman Rd. NAME VanOycke
mplew)					
Page Cand cand cand cand cand cand cand cand c		'AS DECEASED EVER IN U.S. AR ES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIAL SECU 219-50-6		229 Hidyman Road Smith Reisterstown, Md.
ned by the attent of please control control community, as other fraum.		DUE TO, OR AS I CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1.			
has been sign if permit. Then time prior to bu	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
certicos violatrom Aemtol Hyg	MEDICAL CE	210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	P.M.	21c HOW INJURY OCCUI	RRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART?)
After this	MED	WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, I		CITY OR TOWN COUNTY STATE
et CTOR. of for un		27a certify that (I) (4hrs hospital) attended the deceosed from 19 1, 19 1, to 19 1, that (I) (4hrs hospital) attended the deceosed from 5 1, 19 1, to 19 1, that (I) (4hrs hospital) attended the deceosed from 5 1, 19 1, to 19 1, to 19 1, to 19 1, that (I) (4hrs hospital) attended the deceosed from 5 1, 19 1, to 19 1, that (I) (4hrs hospital) attended the deceosed from 5 1, 19 1, to 19			
VERAL DIS NE defoch 1 Store De		22d. PHYSICIAN'S NAME (TYPE	leave M.	^	MEDICAL STAFF DIRECTOR PHYSICIAN
D Full House	23a B	URIAL, CREMATION, REMOVAL	1236. DATE 236	1/G8-	
P	(Burial		cred Heart of Jesu	Baltimore, Maryland

DHMH - 16 50M 4/83 (VRA 15, 4)

Owings Milis, Md.

BY DEGISTRAR 256, REGISTRAR'S SIGNATURE

STATE OF

A.S.S. eksylynasis

Stills o'thwaspoli seek merchan 955 menteretain.

No. 19 Etc. Beleverters . 229 Storman M.

Belthrow Canty

The - the material description, it.

Sandy and J. Will Decord Thear advisored Heliciana, described

REG. NO DECEASED NAME 26. DATE OF DEATH RAE GIVEN MARCH 27, 1985 4 RACE DATE OF BIRTH 3. SEX MONTH FEMALE WHITE MARCH 1884 9 BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED NEW YORK RAILTIMORE COUNTY 10 CITY OR TOWN OF DEATH TYPE OF WORK FOR MOST OF WORKING LIFE! PIKESVILLE MILFORD MANOR NURSING HOME HOUSEWIFE USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 130 STATE 136 COUNTY 130 CITY OR TOWN 136 COUNTY 13e.STREET ADDRESS / ZIP CODE 13c CITY OR TOWN 13d INSIDE CITY LIMITS? MARYLAND BALTIMORE BALTIMORE 8403 GREENSPRING AVE. 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE SARAH SOLOMON WOLF In WAS DECEASED EVER IN U.S. ARMED FORCES **ADDRESS** 16h SOCIAL SECURITY NO (YES NO OR UNKNOWN) 311-48-9223 NO MR THEODORE HIRSCH 8403 GREENSPRING AVE 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO OR AS A CONSEQUENCE OF underlying couse last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 20a AUTOPSY? 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 71n ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 18 HOUR A.M. YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL LIF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED 211 LOCATION 21e. PLACE OF INJURY CITY OR TOWN AT HOME STREET FACTORY, OFFICE, FARM, ETC.) STREET NOT WHILE 22a I certify that III Ithes bebital) ottended the deceased from and that in (my) (our) opinion death accurred on the date and hour and from the causes stated 22b. SIGNATUR DEGREE ATTENDING MEDICAL DIRECTOR PHYSICIAN 22d. PHYSICIAN'S MAME THE CHORINTS should be 5310 OLD COURT RD. RANDALLSTOWN, MD HOWARD GARBER, M.D.

3/31/85

SOL LEVINSON & BROS., INC.

6010 REISTERSTOWN RD. BALTIMORE, MARYLAND 21215

STATE OF MARYLAND

CERTIFICATE OF DEATH

23¢ NAME OF CEMETERY OR CREMATORY

BETH EL CEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

098109

FOR

REGISTRAR

- STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

230 BURIAL CREMATION REMOVAL

BURIAL

24 FUNERAL DIRECTOR

PORTAGE

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

wie Laurdson-Rando ea

22c. DATE SIGNED

INDIANA

26 HOUR

12b KIND OF BUSINESS OR

IF UNDER I YEAR

INDUSTRY

20b. IF YES, WERE FINDINGS USED

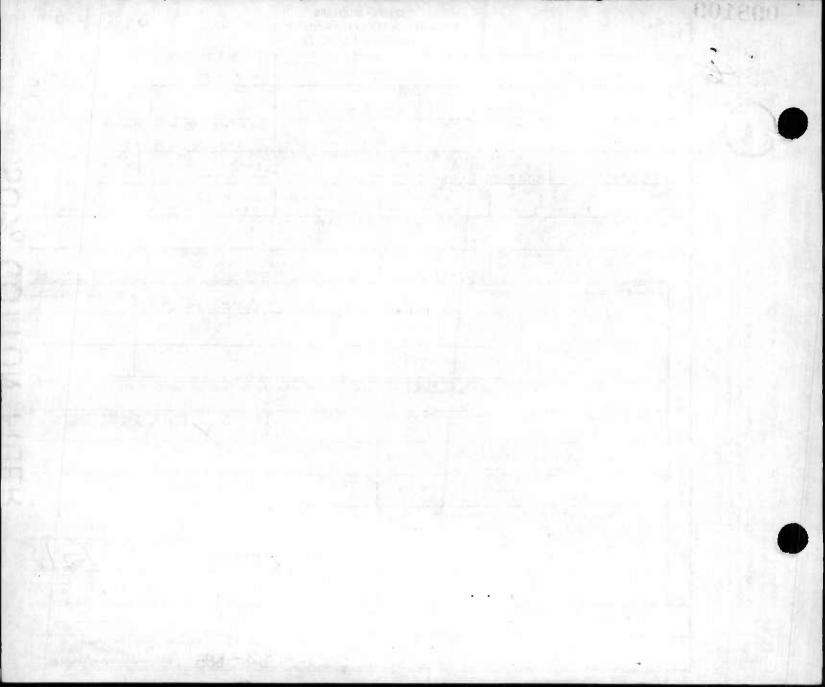
IN CERTIFYING CAUSES OF DEATH?

STATE

AT HOME

UNKNOWN

11:15A M



STATE OF MARYLAND 08017 DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE REGISTRAR I. DECEASED NAME 2c. DATE KNOWN (TYPE OR PRINT) OF IN IS NECESSARY, PLEASE DITHE FUNERAL DIRECTOR. PAGE 5 FOR YOUR FILES. FILED, WITHIN 72 HOURS 3, 201 W. PRESTON STREET, DEATH MATED Marvin Glawe 4 RACE 5. DATE OF BIRTH IF UNDER 1 YR. 2d HOUR IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED 10;30 August 1.1935 49 DEAD 85 Caucasian 19 b. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OF 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED XX NEVER MARRIED FOREIGN COUNTRY) WISCONSIN WIDOWED DIVORCED Baltimore County 10. CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 12h KIND OF BUSINESS NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION S 1, 2, ALD PM 3. PETAIN PA ND 2 S. UND BEFI WIZURECORDS, 2 State Trooper Helicop. Piole Essex Airport-State Police Hander 3a STATE 13e. STREET ADDRESS 13d. INSIDE CITY LIMITS? Kensington 3000 Homewood Parkway 20895 Montgomery 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME LONG WITH FORM PM. PERMIT. PAGES 1 AND 3 FIRST LAST FIRST MARVIN GLAWE. ROSE KROLL 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT **ADDRESS** DIVISION (IF YES, GIVE WAR OR DATES SAME AS #13 ANNE K. GLAWE-WIFE 1955-1957 397-34-1743 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c). APPROXIMATE INTERVAL EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WE **CUNREAL DIRECTOR:** 93 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT. AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, D. BALLIMORE, MARYLAND, 21201 PRIQR TO BURIAL, CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Hanging IMMEDIATE CAUSE (o)____ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 19s. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? NO . 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY UNDERLYING OR CONTRIBUTING CAUSE OF DEATH WRITING THE 19 85 Subject hanged self 21e PLACE OF INJURY 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) CITY OR TOWN STATE WHILE AT WORK AT WORK State Police Hanger Martin's Airport Essex Baltimore Md. Autopsy X 22a. I certify that I took charge of the remains described above, held an Inspection and in my opinion death resulted Homicide TITLE (SPECIFY M.D. Assistant MEDICAL EXAMINER 3-6-85 Dennis F. Smyth, M.D. EXAMINER'S NAME 111 Penn St., Balto., Md. 21201 23d LOCATION 23e. BURIAL, CREMATION, REMOVAL 23b. DATE 23¢ NAME OF CEMETERY OR CREMATORY 3-12-85

07/84

DHMH - 17

(VR A15 ME (5))

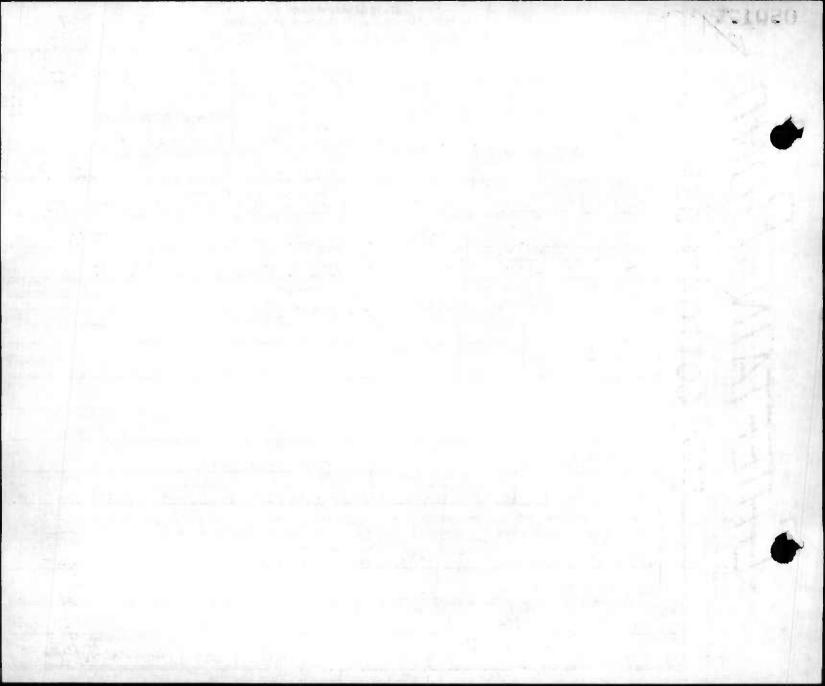
BURTAL 24. FUNERAL DIRECTOR FRANCIS J. COLLINS

500 UNIVERSITY BLVD. WEST STIVER

GREENBAY

WISCONSIN BROWN

25b. REGISTRAR'S SIGNATURE Junia Davidson-Randelles



	FOR - STATE REGISTRAR		STATE OF MARYLAND MENT OF HEALTH AND MEN CERTIFICATE OF DEA	TH REG. NO.	6 9 1 8
	CEASED NAME FIRST EOR PRINT) EILEAN	pethy H.H.	Soetzel/ze/	20 DATE OF DEATH MONTH	14/85 26 HOUR 10
3 SE	x Female	4 RACE White		6 AGE (IN YEARS LAST BIRTHDAY) 1886 98 YR:	IF UNDER LYEAR IF UNDER 24 HRS
rv	IRTHPLACE (STATE OR FOREIGN COUNTRY) aryland	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MAR	RIED & BALTIMORE CITY OR COUNTRIED & Baltimore	OCNEY N
6346V	ILY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY GIVE STREET STELLAR)		TION 12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKINI HOmemaker	GLIFE) 126. KIND OF BUSINESS O INDUSTRY Dwn Home
13a.	STATE 13b. COU	ROTHER INSTITUTION, GIVE RESIDENCE BEFOR NTY 136. CITY OR TOW Limore Catonsvi	VN 113d. INSIDE CITY I	LIMITS? 130.STREET ADDRESS / ZIP CO	
14. F.	ATHER'S NAME FIRST Adam	MIDDLE LAST GOETZE	15. MOTHER'S MA	MIDDLE	LAST
· p	WAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)		ADDRESS Maris Hospice 2300 I	212 Oulaney Valley I
other troumotic event,	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c)			
injury, or	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE OR CONDITION	GIVEN IN PART 110
8 sews ony injur	19a DATE OF OPERATION	1%. CONDITION FOR WHICH	OPERATION WAS PERFORME	200 AUTOPSY? 20b. IF	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI	FATH HOUR A.M. MONTH D	N YEAR	Y OCCURRED (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART ?}
morked or Item	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21s. PEACE OF INJURY (AT HOME STREET, PACEDET, CORCE	THE LOCATION	CITY OR TOWN	COUNTY STATE
21 is mg	saw the deceosed olive o	oitol) otterded the deceased from	, and that in (my) (out	r) opinion death occurred on the date and	, that (1) (we) lo hour and from the couses stated
T. H ftem	22b. SIGNATURE	1		NDING MEDICAL STAFF	221. DATE SIGNED
ORTANT:	22d. PHYSICIAN'S NAME (TYPE	akheda, MD	5+C/16	Haris Warner, 7	EWIG. HN. 213

DHMH - 16 50M 4/83

(VRA 15, 4)

24. FUNERAL DIRECTOR Ruck Towson Funeral Home, Inc. Towson MD 21204

3-16-85

23b. DATE

23a BURIAL, CREMATION, REMOVAL

Burial

ADDRESS 1050 York Rd.

23¢ NAME OF CEMETERY OR CREMATORY

23d LOCATION CITY OR TOWN Baltimore,

STATE MD

New Cathedral Cem. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE MAR 2 0 1085 In Kale Make Lis Cave at

Wedler Street

4 A 1 5

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Sa dia

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within 24-hours ofter death. Page DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 deoth ATTENDING PHYSICIAN: The low ottending physician. retained by the hospital or TO HOSPITAL

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The same of the sa		STATE REGISTRAR		74			ICATE OF DEATH	REG. N			
e de		CEASED NAME	EBECCA		MIDDLE		BOROV	MARCH 8		YE AR	5:04 MP
softer d	3. SE	× FEMALE	4	RACE WHITE		5. DATE O	PT. 28, 1907	6 AGE (IN YEARS LAST BIR		NDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
285	7a. BI	RTHPLACE (STATE OR FO	DREIGN 76	USA	WHAT COUNTRY	? 8 MARRIE WIDOWE	D X NEVER MARRIED	9 BALTIMORE CITY C			MD,
A) CI	RANDALLST			OSPITAL, NURS	ING HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPAT	ION 1: DE WORKING LIFE)	26. KIND OF	F BUSINESS OR
of Re	USE S	AL RESIDENCE (IF NURSE MARY LAND	UV COUNT	THER INSTITUTION	BALT IN		13d. INSIDE CITY LIMITS?	133937 ADDRESS	KŠIP CADE,	APT.	C #21215
200		LOU'IS	AA II	DDLE	COHEÑ		15. MOTHER'S MAIDEN N.	AME	BERK	ENFEL	D
Poges Poges	160 V	VAS DECEASED EVER I		ED FORCES? WAR OR DATES)	16h SOCIAL SEC 214-38-		MRS. RONALD	BERGER 850		Y RD.	#21207
y the attending e remove carbo cremotion, ar r ther traumatic		Canditions, if ony, gove rise to imm couse (a), stating	which nediote g the	(b)	Dialu RAS A CONSEO RAS A CONSEO	UENCE OF	Diabetes M.	ellitus			
has been signed by the attending permit. Then please remove carb tene prior to buriol, cremotion, ar in any and in IV, or other traumatic	TIFICATION	Canditions, if ony, gove rise to imm couse (a), stating underlying cause	which nediote g the lost.	DUE TO, OF	R AS A CONSEO	UENCE OF	NOT RELATED TO THE TER.		ZOIL IF YES, WE IN CERTIFYING	ERE FINDIN	IGS USED
it. Then pl	MEDICAL CERTIFICATION	Canditions, if ony, gove rise to imm couse (a), stating underlying cause PART 2 OTHER SIGN THE DATE OF OPERAT THE ACCOUNT WAS UNDERSORDED TO CONTRIBUTION OF CONTRIBUTION O	which nediote g the lost.	DUE TO, OF DUE TO, OF TO THE TIME OF THE PLACE OF THE PLA	R AS A CONSEO PASS A CONSEO DATRIBUTING TO TION FOR WHILE FINJURY M. MONTH	UENCE OF	NOT RELATED TO THE TERM	MINAL DISEASE OR CON	ZOE IF YES, WE IN CERTIFYING YES	ERE FINDING CAUSES	IGS USED OF DEATH?
it. Then pl	100	Canditions, if ony, gove rise to imm couse (a), stating underlying cause PART 2 OTHER SIGN The DATE OF OPERAT The ACCOUNT WAS UNDERLYING THE INJURY OCCURR THE IN	which rediote g the lost. WENT CO	DUE TO, OF THE TIME OF THE PLACE OF THE PLAC	R AS A CONSEO ONTRIBUTING TO THOM FOR WHILE F INJURY M. MONTH M. DEF INJURY ELL FACTOR: CELL E deceased from	UENCE OF DEATH BUT H OPERATIO DAY YEAR 19	NOT RELATED TO THE TER. N WAS PERFORMED 71s. HOW INJURY OCCU	WINAL DISEASE OR CON 206 AUTOPSYP YES NO ENY OF 10 10 3 10 death occurred on the d	20k IF YES, WE IN CERTIFY INC YES AN OUTPOUR PART OF	CAUSES COUNTY	PIGS USED OF DEATH? NO ::



MARYLAND 21201

BALTIMORE,

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.

FOR - STATE REGISTRAR

DECEASED NAME (TYPE OR PRINT

MIDDLE

STATE OF MARYLAND	53
DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	

ID ENTAL HYG ATH	SIENE 5 0 6	9 2 0
	REG. NO.	
	26 DATE OF DEATH MONTH DAY	YEAR 26. HOUR
7	MARCH 14	1985 11 AM
	6. AGE (IN YEARS LAST BIRTHDAY) #F	UNDER TYEAR IF UNDER 24 HRS
1915	69 YRS MOR	THS DAYS HOURS MIN.
RRIED 🗆	9. BALTIMORE CITY OR COUNTY OF	FDEATH
ORCED	BALTIMOR.	E GOUNTY MD.
UTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	126. KIND OF BUSINESS OR INDUSTRY
E	Director of Trans	Balto. Coun
LIMITS?	13e.STREET ADDRESS / ZIP CODE	W-109 - 21204
10 😿	Dulanev Valley Ro	St.Elizabet
MAIDEN NA/		LAST (Hall
СУ	Jane W:	interode
T	ADDRESS	
. Gord	lon - Same as #13e	
		BETWEEN ONSET AND DEATH

3. SEX DATE OF BIRTH Male 7a. BIRTHPLACE MARRIED MEVER MA Maryland U.S.A. WIDOWED IL CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTIT OWSON) HOSPIC 130 STATE 13b COUNTY 13c. CITY OR TOWN 13d. INSIDE CIT Baltimore YES | Maryland Towson 14 FATHER'S NAME 15 MOTHER'S / LAST Walter Louis Gordon Lu 168 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMAN No 218-10-2672 Ruth S 18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY HAR ACCIDENT. IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART Ita CERTIFICATION 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED 198 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? YES X YES | NO 21g. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH HE EITHER NOTHY MEDICAL EXAMINER 211 LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FAMI STREET NOT WHILE 220 I certify that (I) (this hospital) attended, the deceased from saw the deceased alive on and that in (my) (aur) apinion death occurred an the date and have and from the causes stated obove, (I) (we) (did) (did not) view the body after death 226 SIGNATURE DEGREE MEDICAL STAFF PHYSICIAN | 22e ADDRESS 22d. PHYSICIAN'S NAME (TYPE OR PRINT) AKHUDA, M.D. 23 DODULANEY VALLEYR 230 BURIAL CREMATION, REMOVAL (SPECIFY) Burial 3-18-85 Fork United Methodist Fork

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MPORTANT

24 FUNERAL DIRECTOR

should be detoched with the State Dept

(VRA 15, 4)

DHMH - 16 50M 4/83

COUNTY

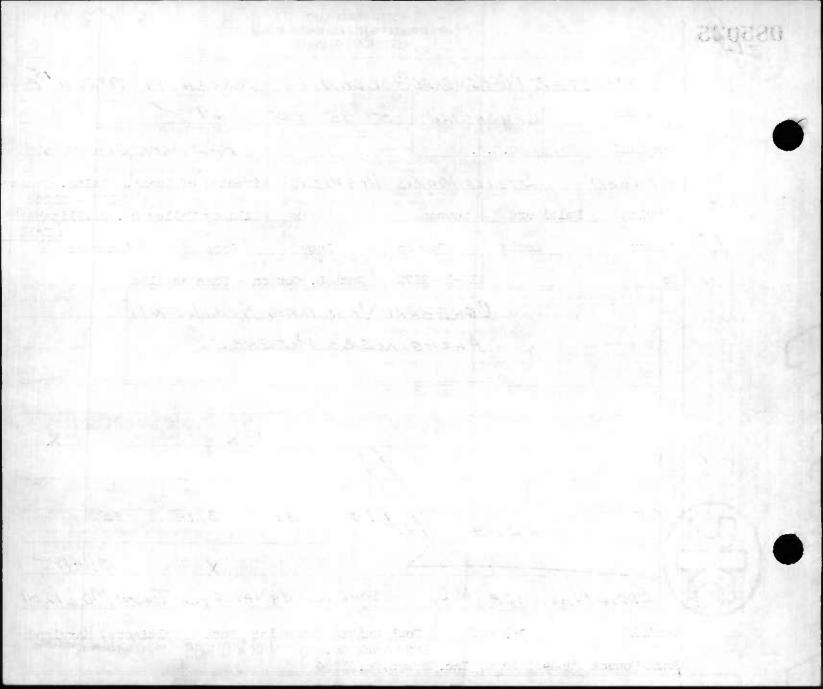
NO V

STATE

ADDRES 1050 York Rd.

Baltimore,

Ruck Towson Funeral Home, Inc. Towson, Md. 21204



		CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MON	TH DAY YEAR 26 HOUR
deoth	(TYPE	Jam	es J. GRAFF		March 21, 198	85 8 · 32n
Ď	3 SEX	(4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY	
1		LE	CAUCASIAN	03 09 14	71	YRS
1 / C	(RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED		
		RYLAND TY OR TOWN OF DEATH	USA	WIDOWED DIVORCED DIVORCED DIVORCED	Baltimore Cou	Inty
		SVILLE	FRANKLIN SQUA	ADDRESS)	(TYPE OF WORK FOR MOST OF WOR FIREMAN	
3 30	USUA	A PESIDENCE HENURSING HOME O	ROTHER INSTITUTION GIVE RESIDENCE REFOR	ADMISSION)		
Pin 2		RYLAND BALT	IMORE ROSEDA	TE YES NO N	8008 SAGRA	MORE AVE. 212
S S S S S S S S S S S S S S S S S S S	-	THER'S NAME FIRST	MIDDLE LAST	15. MOTHER'S MAIDEN N	AME	
ond ord		JOSEPH	GRAF	F LILLIA	AN MAE	NELSON
Poges		VAS DECEASED EVER IN U.S. AI	IVE WAR OR DATEST		ADDRESS	
o E		NO	215033	704 DOROTHY GE	RAFF 8008 SA	GRAMORE AVE.
pers.		18 CAUSE OF BEATH .C.				APPROXIMATE INTERVAL BETWEEN ONSET AND DE
, t.	. 1	PART I DEATH WAS CAUS	nly ane couse per line for (a), (b), on FD BY:	d'g.		BETWEEN ONSET AND DE
remove c event,			nly ane couse per line for (a), (b), on ED BY: TE CAUSE (a)	inc ane	57	20 mino
n, or remove motic event,		IMMEDIA	TE CAUSE (a)	FILE OF	55	20 min
move carbon pop nation, or remove troumotic event,		IMMEDIA Conditions, if ony, which gave rise to immediate	DUE TO, OR AS A CONSEQU	ENCE OF . 0 5 c / 0 - 07. c	heart disc	20 min
se remove carbon pop , crematian, or remove other troumotic event,		IMMEDIA Conditions, if ony, which	TE CAUSE (a)	ENCE OF . 0 5 c / 0 - 07. c	heart disc	20 min
please remove carbon pop vrial, crematian, or remove r, ar other troumotic event,		Conditions, if ony, which gave rise to immediate cause (a), stoting the underlying couse last.	DUE TO, OR AS A CONSEQU (b) DUE TO, OR AS A CONSEQU (c)	ENCE OF . 0 5 c / 0 - 07. c		20 min
Then pleose remove carbon pop to bural, crematian, or remove injury, ar other troumotic event,	NO	Conditions, if ony, which gave rise to immediate cause (a), stoting the underlying couse last.	DUE TO, OR AS A CONSEQU (b) DUE TO, OR AS A CONSEQU (c)	ENCE OF		20 min
mit. Then please remove carbonpop prior to burial, crematian, or remove an injury, ar other troumotic event,	CATION	Conditions, if ony, which gave rise to immediate cause (a), stoting the underlying couse last.	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO	ENCE OF	MINAL DISEASE OR CONDITION	DN GIVEN IN PART 110
if permit. Then please remove carbon pop iene prior to burial, crematian, or remove ien am injury, ar other traumatic event,	TIFICATION	Conditions, if ony, which gave rise to immediate cause (a), stofting the underlying couse last. PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO	ENCE OF ENCE OF DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION	20 mi no
tronsil permit. Then please remove carbonpop I Hygiene prior to bural, crematian, or remove 18 storn on injury, ar other traumotic event,	CERTIFICATION	Conditions, if ony, which gave rise to immediate cause (a), stofing the underlying couse lost. PART 2. OTHER SIGNIFICANT 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO 196. CONDITION FOR WHICH	ENCE OF ENCE OF DEATH BUT NOT RELATED TO THE TER OPERATION WAS PERFORMED 216. HOW INJURY OCCU	MINAL DISEASE OR CONDITION 200 AUTOPSY? 200 IN	DN GIVEN IN PART 110 DI FYES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \(\text{NO} \)
		Conditions, if ony, which gave rise to immediate cause (a), stoting the underlying couse last. PART 2. OTHER SIGNIFICANT 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE	DUE TO, OR AS A CONSEQU (b) DUE TO, OR AS A CONSEQU (c) CONDITIONS CONTRIBUTING TO 19b. CONDITION FOR WHICH 17b. TIME OF INJURY HOUR A.M. MONTH D P.M.	ENCE OF ENCE OF DEATH BUT NOT RELATED TO THE TER OPERATION WAS PERFORMED AY YEAR 19	MINAL DISEASE OR CONDITION 200 AUTOPSY? YES NO NO NO	DN GIVEN IN PART 110 DI FYES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \(\text{NO} \)
		Conditions, if ony, which gave rise to immediate cause (a), softing the underlying couse last. PART 2. OTHER SIGNIFICANT 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO 196, CONDITION FOR WHICH 196, CONDITION FOR WHICH 196, CONDITION FOR WHICH	ENCE OF ENCE OF DEATH BUT NOT RELATED TO THE TER OPERATION WAS PERFORMED AY YEAR 19 711 LOCATION	MINAL DISEASE OR CONDITION 200 AUTOPSY? YES NO NO NO	DN GIVEN IN PART 110 DI IFYES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \(\text{NO} \)
	MEDICAL CERTIFICATION	Conditions, if ony, which gave rise to immediate cause (a), stofing the underlying couse lost. PART 2. OTHER SIGNIFICANT 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMINE AT WORK AT WORK	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO 196. CONDITION FOR WHICH 216. TIME OF INJURY HOUR A.M. MONTH D P.M. 21e. PLACE OF INJURY (ATHOME STREET FACTORY, OFFICE, I	ENCE OF ENCE OF DEATH BUT NOT RELATED TO THE TER OPERATION WAS PERFORMED AY YEAR 19 216. HOW INJURY OCCU STREET	200 AUTOPSY? 200 IN YES NOTIFICATION NOTIFICATION OF INJURY IN CITY OR TOWN	DN GIVEN IN PART 110 D. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO 1 TEM 18 PART 1 OR PART 2) COUNTY STAT
		Conditions, if ony, which gave rise to immediate cause (a), stofing the underlying couse lost. PART 2. OTHER SIGNIFICANT 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMINE AT WORK AT WORK	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO 196. CONDITION FOR WHICH 216. TIME OF INJURY HOUR A.M. MONTH D P.M. 21e. PLACE OF INJURY (ATHOME STREET FACTORY, OFFICE, I	ENCE OF ENCE OF DEATH BUT NOT RELATED TO THE TER OPERATION WAS PERFORMED AY YEAR 19 216. HOW INJURY OCCU STREET	200 AUTOPSY? 201 IN YES NOT	DN GIVEN IN PART 1:0 D. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO THEM IS PART 1 OR PART 2) COUNTY STATE (We)
		Conditions, if ony, which gave rise to immediate cause (a), storing the underlying couse last. PART 2. OTHER SIGNIFICANT 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE AT WORK AT WORK 22a. I certify that this hase saw the deceased plus or above A wey letted.	DUE TO, OR AS A CONSEQU (b) DUE TO, OR AS A CONSEQU (c) CONDITIONS CONTRIBUTING TO 19b. CONDITION FOR WHICH HOUR A.M. MONTH D P.M. 21e. PLACE OF INJURY	ENCE OF ENCE OF DEATH BUT NOT RELATED TO THE TER OPERATION WAS PERFORMED AY YEAR 19 210. HOW INJURY OCCU FARM, ETC.) 211 LOCATION STREET STREET 19 19 10 10 10 10 10 10 10 10	200 AUTOPSY? 201 IN YES NOT	DN GIVEN IN PART 110 DI IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO COUNTY STATE COUNTY STATE 19 55, that (we) and hour and from the causes stated
		Conditions, if ony, which gave rise to immediate cause (a), stofing the underlying couse lost. PART 2. OTHER SIGNIFICANT 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMINE AT WORK AT WORK	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO 196. CONDITION FOR WHICH 216. TIME OF INJURY HOUR A.M. MONTH D P.M. 21e. PLACE OF INJURY (ATHOME STREET FACTORY, OFFICE, I	ENCE OF DEATH BUT NOT RELATED TO THE TER OPERATION WAS PERFORMED AY YEAR 19 211 LOCATION STREET ARM, ETC.) 211 LOCATION STREET DEGREE ATTENDING	200 AUTOPSY? 201 IN YES NOT	DN GIVEN IN PART 110 D. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO TEM IS PART 1 OR PART 2) COUNTY STATE 19 55 that (we) and hour and from the causes state.
		Conditions, if ony, which gave rise to immediate cause (a), storing the underlying couse last. PART 2. OTHER SIGNIFICANT 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE AT WORK AT WORK 22a. I certify that this hase saw the deceased plus or above A wey letted.	DUE TO, OR AS A CONSEQU (b) DUE TO, OR AS A CONSEQU (c) CONDITIONS CONTRIBUTING TO 19b. CONDITION FOR WHICH 17b. TIME OF INJURY HOUR A.M. MONTH D P.M. 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, I	ENCE OF DEATH BUT NOT RELATED TO THE TER OPERATION WAS PERFORMED AY YEAR 19 211. HOW INJURY OCCU AY YEAR 19 211. LOCATION STREET OPERATOR ATTENDING ATTENDING	200 AUTOPSY? 200 IN YES NOT	DN GIVEN IN PART 110 D. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO THAN 1 OR PART 2) COUNTY STATE That We we'nd hour and from the causes state 22c. DATE SIGNED

DHMH - 16 60M 7/84

(VRA 15, 4)

DIRECTOR

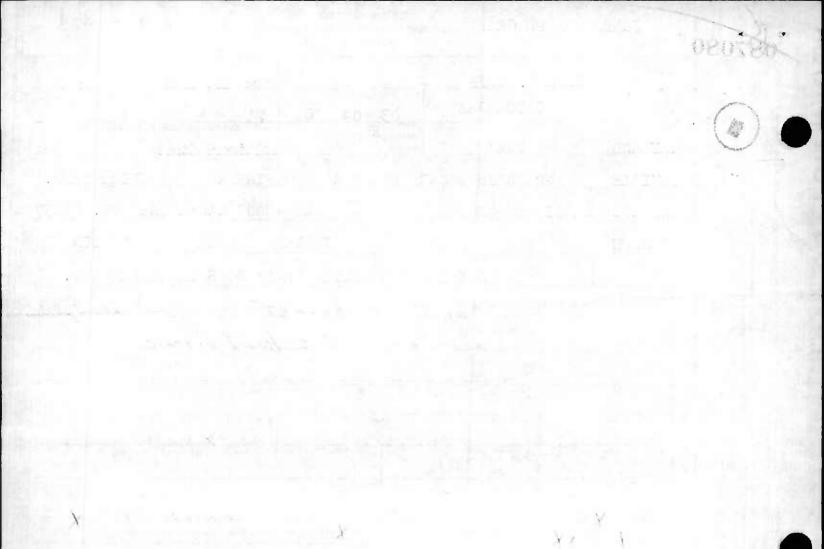
Clesano 116)

OAKLAWN CEMETERY BALTO BALTO MD.

250 DATE REC'D. BY REGISTRAR'S SIGNATURE

MAR 22 1985

WAR 22 1985



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE MARYLAND 21201

ATTENDING PHYSICIAN: The low requires that the death

retained by the hospital or attending physician.

TO HOSPITAL

BP.

087129

FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

8	1	13	13	0
)	6	3	2	2

	_	116 0 10 1 117 117							5, NO.			
		OR PRINT	FIRST		WIDDIE		LAST	20 DATE OF DEAT	н монтн	DAY YEAR	2h HOL	JR
			Cheste	er	Olive	r G	rammer	March 1	8, 198	35	1:30) p
	3. SE	X		4. RACE			OF BIRTH	6. AGE (IN YEARS LAS	T BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER	R 24 H
	Ma	le		White		Nov	. 1, 1909 YEAR	75	YRS	MONTHS DAYS	HOURS	\ \
20		RTHPLACE (STATE C	OR FOREIGN	76 CITIZEN OF	WHAT COU	NTRY? 8	ED X NEVER MARRIED	9 BALTIMORE CIT				
0	Ba	ito., MD		U.S.A		WIDOW		Baltimo	re Cou	inty		
30	10 C	TY OR TOWN OF D	EATH			URSING HOME	OR OTHER INSTITUTION	120 USUAL OCCUP		126. KIND (OF BUSINI	ESS
10	Ec	lgemere		7231	River I	Drive Ro	ad 21219	Foreman		Stee	1 Mfc	gr
2/		AL RESIDENCE (IF NO	URSING HOME OF		N GIVE RESIDENCE		113d INSIDE CITY LIMITS?	13e STREET ADDRE	SS / 7IP CO	DE		
99	Ма	ryland	Balt		Edger		YES NO X	7231 Riv	er Dri	ve Road	212	21
0	14. FA	THER'S NAME		MIDDLE	LA		15 MOTHER'S MAIDEN N					Т
1	Ar	thur		MIDDLE	Gram		Mary	MIDD	.t	Marke	el	
1		VAS DECEASED EVE			16b. SOCIA	L SECURITY NO.	17 INFORMANT	AC	DRESS			
/	No	YES, NO OR UNKNOWN)	(IF YES, GIV	VE WAR OR DATES)	216-1	10-5050	Dorothy G	rammer sam	e as 1	.3e		
		18 CAUSE OF DEA	ATH (Enter or	nly one cause pe	er line for Idi	o ond		0.	1	APPROX	MATE INTE	RVA
		PART I. DEATH	WAS CAUSE	D BY. TE CAUSE (a)		Celle	permale	y arren	1	5	me	11
					Ω	1		1	1.			
		Conditions if a	124	DUE TO: 0	OR AS 1995	TA STEEL) aneuro	nertous	m	/	ye	a
	l	Conditions, if an	mmediate	(6)_	1.1	10000	No. 1	-000	+	10	0	-
1 5		cause (a), sta underlying cou		DUE TO, O	DR AS ACON	SECRETACE OF	Stale	PAI	215	1.90	Cfp	0
				10	1	acce o	Ondo las	- 001	V		4	
	z	PART 2 OTHER SI	GNIFICANT	CONDITIONS	ONTRIBUTIN	G TO DEATH BUT	NOT RELATED TO THE TEN	MINAL DISEASE OR C	ONDITION G	IVEN IN PART I	n) V	
	CERTIFICATION	18- DATE OF ORES	PATION	Inh CONI	DITION FOR V	VUICU OBERATIO	DALLWAS DEDECRATED	20a AUTOPSY?	1205 IE V	ES, WERE FINDI	Noc Her	_
9	5	196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION					DIA WAS FERFORMED		IN CER	TIFYING CAUSES	OF DEA	TH'
	E	210. ACCIDENT WAS L	INDERIVING F	215 TIAAE	OF INJURY		21. HOW IN HIRV OCCI	YES NO	- 1	YES	NO [
9		OR CONTRIBUTING		110110		H DAY YEAR	21c. HOW INJURY OCCU	TREED (ENTER NATURE OF	INJURY IN ITEM IS	8 PART FOR PART 2)		
/	₫	(IF EITHER NOTIFY MI			P.M.	19			_			_
į.	MEDICAL	21d INJURY OCCU			TREET, FACTORY, O	OFFICE FARM, ETC)	211 LOCATION STREET	CITY	R TOWN	COUNTY		STAT
			WHILE					2 A	. 1			
		22a I certify that		4 -	he deceosed		. 19_7	/ 10 Pr	unl	19	that (I) {	,
		saw the dece obove, (I) (we	ased alive an) (did) (did no	it) view the bod	y ofter death.	19 85 0	and that in (my) (our) opinio	n death occur ed an th	e date and h	auı and from the	couses st	ate
		226. SIGNATURE		Λ.			DEGREE			721. DAY	SIGNED	
		Sic	Alm	Melle	eu. P	140.	ATTENDING PHYSICIAN	MEDICAL PH	STAFF YSICIAN []	3//	9 12	8
1	1	22d. PHYSICIAN'S	NAME (TYPE C			•	22e ADDRESS			1	1/0	-
/		HEA	TOB	1. FE	EUCI	ANO	7200 Nor	h Point Ro	ad Edo	remere.	MD :	23
	23o E	SURIAL, CREMATION	N. REMOVAL	23b. DATE		23c, NAME OF	CEMETERY OR CREMATOR			,,		
		emation		1	/1985		ount Cremato	CITY OR TOW	ro Ma	MA LANGS		STAT
	_			03/10	/ 1703	1020011 11					TIME 4.4	00
/B4	24 Ft	JNERAL DIRECTOR	.1 -5		ADI	DRESS	25a D	ATE REC'D. BY REGISTI			Herdal	pa

DHMH - 16 60M 7/B4 (VRA 15, 4)



VC 07867080

STATE OF MARYLAND

1	- STATE REGISTRAR	7007000	DEPAR		ICATE OF DEATH		, NO.			
	CEASED NAME	FIRST	MIDDLE		AST	20 DATE OF DEATH		DAY YEAR	26 HOUR	_
		WILLIAM D	URWARD	GREENW	AY	MARCH 29	. 1985		7:35	PM
3. SI	X	4 RACE		5. DATE C		6 AGE (IN YEARS LAS	T BIRTHDAY)	#F UNDER TYEAR	IF UNDER 24 H	
	MALE	W	HITE		EMBER 9, 1913	71	YRS		HOURS M	YIN.
7a 6	IRTHPLACE (STATE OR F	OREIGN 76 CITIZEN	OF WHAT COUNTRY	2 8	D X NEVER MARRIED	9 BALTIMORE CIT	Y OR COUN	TY OF DEATH		- 20
N	ORTH CAROL	INA	U.S.A.	WIDOWE		BALTIMO				MD.
	FORT HOWARI	(IF NOT	OF HOSPITAL, NURS IN SUCH FACILITY, GIVE STREE A. MEDICAL	T ACORESS)	R OTHER INSTITUTION	120 USUAL OCCUP (TYPE OF WORK FOR MO TRUCK DRI	ST OF WORKING		ranspo ated	ort
USU 13a.	JAL RESIDENCE (IF NURS STATE	NG HOME OR OTHER INSTITU	136. CITY OR TO		113d INSIDE CITY LIMITS?	13e STREET ADDRES	SS / ZIP CO	DF		
M	ARYLAND	ANNE ARUNI			YES NO X	793 WARRE)	
14. F	ATHER'S NAME	WIDOLE	LAST	17-1	15. MOTHER'S MAIDEN NAM	ME	F	LAST		
	SAMUEL	CLARENCE	GREENWAY	7		PORTER		WILBOURN		
	WAS DECEASED EVER	IN U.S. ARMED FORCE		URITY NO.	17 INFORMANT (Wif	e) AD	DRESS			
L	YES	W.W. II	237 03	4973	Frieda Green	way Sa	me as			_
	18 CAUSE OF DEATH	H (Enter only one cous	e per line lor (a), (b), a	nd (c).1				BETWEEN	MATE INTERVAL	тн
	PARTI, DEATH W	IMMEDIATE CAUSE (A CUTE RE	SPIRAT	ORY FAILURE			9 DA	YS	
	Conditions, it any, gave rise to immocause to, statin underlying couse	nediote g the DUE TO lost.	D) COPD R		OWER LOBE PNE	UMONIA				
	PART 2 OTHER SIGN			DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR C	ONDITION C	IVEN IN PART 110		
ON N	CONGESTIV	E HEART FA	ILURE, ATR	IAL FL	UTTER					
CERTIFICATION	190 DATE OF OPERAT	196 CC	ONDITION FOR WHIC	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CER	ES, WERE FINDIN FIFYING CAUSES YES []		
	210 ACCIDENT WAS UND OR CONTRIBUTING (AUSE OF DEATH HOU	ME OF INJURY R. A.M. MONTH [P.M.	DAY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF	NJURY IN ITEM !	8 PART I OR PART 2)		
MEDICAL	21d INJURY OCCURE	RED 21e PL	ACE OF INJURY ME, STREET, FACTORY, OFFICE	FARM ETC	211 LOCATION STREET	CITY O	RTOWN	COUNTY	STATE	
	220.1 certify that (1)		ed the deceased from	FEBRUA	ARY 20 19 85 nd that in (Xy) (our) opinion (to MARCH	29 e date and h	. 19 <u>85</u> . 1		
	226. SIGNATURE	Les view the t	body offer death.		DEGREE			22c. DATE		_
	1	Vana	ans/		ATTENDING PHYSICIAN		SICIAN X	MARC	н 29.	198
1	224 PHYSICIAN'S NA	ME (TYPE OR PRINT)	2		22e ADDRESS					
	PRADIP	KANANI, M.	D.		VAMC, FORT H	HOWARD, MI	21052			

TO FUNERAL DIRECTO should be detached for with the State Dept. of 1 BP.

OR ATTENDING

DHMH - 16 60M 7/84 (VRA 15, 4)

23a. BURIAL, CREMATION, REMOVAL 236 DATE (SPECIFY) BURIAL APRIL 1,1985 Meadowridge Mem. Park

23c. NAME OF CEMETERY OR CREMATORY

23d LOCATION
CITY OF TOWN
Elkridge

Howard MD.

24. FUNERAL DIRECTOR SINGLETON FUNERAL HOME GLEN BURNIE, MD.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

6

5

4	'	REGISTRAR				CERTI	FICATE OF DEAT	ГН	REG. N	Ю.				
109		CEASED NAME	FIRST		WIDDLE		LAST		DATE OF DEATH	HINOM	DAY YEAR	2b. HOUR		
			Kather	ine	Α.	Gr	OSS		March 30	, 198	5	10:25a M		
A)	3 SE	X		RACE		5. DATE	OF BIRTH	YEAR	AGE (IN YEARS LAST BIR	(THDAY)	IF UNDER 1 YEAR	# UNDER 24 HRS		
n j	fe	emale		whi	te .		cember 22.		72	YRS				
25	7o. B	RTHPLACE ISTATE	OR FOREIGN 7	b CITIZEN	OF WHAT COUN	TRY? 8	RIED NEVER MARRIED		BALTIMORE CITY	R COUNT	Y OF DEATH			
27		ryland		US	Δ	WIDOW			Baltimore County			MD.		
2		ITY OR TOWN OF	DEATH	II. NAME			OR OTHER INSTITUT		20. USUAL OCCUPAT		12b. KIND OF BUSINESS			
To /	Ro	sedale		Franklin Square Hosp			nital		Housewife		Own h	omo		
o C	USU	AL RESIDENCE (IF	13b. COUN	THER INSTITUT	ION GIVE RESIDENCE	BEFORE ADMISSION		univers In				OHE		
2				imore	Balti		YES NO		3e.STREET ADDRESS			1220		
130		ITYLAND ATHER'S NAME		THOLE	IDalli	шоге	15. MOTHER'S MAI	-	2120 Harm	on Ave	enue /	L230		
1	7.75	FIRST		IDDLE	LAS	1	FIRST	0:	MIDDLE		LAS	1		
-		lliam Kr		AED FORCE	52 TAN SOCIAL	SECURITY NO.	Katheri	ine Gi	.glein	ESS				
medico	1	YES, NO OR UNKNOWN		WAR OR DATE:		SECONIII IIO.								
E	nc				-		Mr. Josep	oh Gro	ss_ 2120 F	<u> Jarmor</u>	n Avenue	21230		
		18 CAUSE OF DI	HWAS CAUSED	y one couse	per line for (o), (t						BETWEEN	MATE INTERVAL ONSET AND DEATH		
- - -	1	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiopulmonary Arrest												
o tic				DUE TO	OR AS A CONS	SEQUENCE OF								
E		Conditions, if	ony, which	(Jb	Нуро	tension								
1		gave rise to		3	00.15.150116	500500000								
		cause (a), stating the underlying cause lost. DUE TO, OR AS A CONSEQUENCE OF Atherosclerotic Cardiovascular Disease												
i		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0												
امر	Z	TAKI 2 OTTEK	SIOITII ICAITI CI	0140111014	CONTRIBUTING	DIO DEATH 00	THO RELATED TO T	ITTE TERMIN	TAL DISEASE ON CON	DITION GI	TATIA HALWELL	o .		
-	CERTIFICATION	19a DATE OF OPI	RATION	19b CO	NDITION FOR W	FOR WHICH OPERATION WAS PERFORMED			20a AUTOPSY?		ES, WERE FINDI			
2	표								YES NOVY		IFYING CAUSES	OF DEATH?		
5	ER	21g. ACCIDENT WAS	UNDERLYING [21h TIM	E OF INJURY		21c HOW INJURY	OCCURRE	YES NOWY			МО		
2/1		OR CONTRIBUTING		111-11	A.M. MONTH	DAY YEAR		O C C O M NE	7 ([14 [1 14 16 16 16 16 16 16	K I I I I I I I I I I I I I I I I I I I				
	S	21d. INJURY OCC	MEDICAL EXAMINER)	21 DI A	P.M.	19	21f LOCATION							
	MEDICAL				CE OF INJURY	FFICE, FARM, ETC.)	STREET		CITY OR TO)WN	COUNTY	STATE		
		AT WORK	WHILE WORK											
	1	220.1 certify that W (this haspital) attended the deceased from March 30. 19.85, to March 30. 19.85, that W (we) lost												
		saw the dec	eased alive on_	view the bu	h 30	.19 <u>.85</u> , c	ind that in (our)	opinion de	ath occurred on the d	ote and ho	our and from the	couses stated		
i e		226. SIGNATURE	1 1	111	1		DEGREE				22c. DATE	SIGNED		
*		11	my la	/Ktr	und	me		IDING	MEDICAL STA		2/	2/0~		
Z	1	22d. PHYSICIAN'S	NAME (TYPE OR	PRINT	2005	,,,,,	22e ADDRESS	ICIAIN DE	DIRECTOR FITTS	JAIT ()	1 21	2983		
DRT		Charle	es Hoeso	ch. M.	D.		9000 Fra	nklin	Square Dr	ive	21237			
IMPORTANT: IF		<u> </u>								176,	21237			
		BURIAL, CREMATIO		23b. DATE			CEMETERY OR CREM		23d LOCATION CITY OR TOWN		COUNTY	STATE		
-		Buri		4/2	/85	Lorrai	ne Park Ce	emeter	y Woodlawr) Ba	ltimore	Marylan		
7/84	24 F	JNERAL DIRECTO	R		ADDI	RE55		250 DATE	REC'D. BY REGISTRAR	25b PEGIS	STRAR'S SIGNAT	handell.		
)	An	brose Fu	neral H	ome			ring Rd.	API	₹ 1 - 1985	. ,,,,,,,		-(

1328 Sulphur Spring Rd.

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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the ottending physician and remave corbon papers. Page	6
retoined by the hospital or attending physician. TO FUNERAL DIRECTOR, After this certificate has been signed by the attending physician and completely filled in by the funeral as should be detached for use of the build-irranging permit. Then please remove corbonappers. Paged and 2 should be filled within 77 in the case has a featured of the soft which and Meant Humana principly build it removed.	
TO FUNERAL DIRECT	Sigle Cela

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

Γ'.	REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO).				
	CEASED NAME FIRST	A MIDDLE	Ros	SMAN	20. DATE OF DEATH	BCH 22 83	2h. HOUR'S			
3 SEX	FEMALE	4 RACE	5. DATE C		6. AGE (IN YEARS LAST BIRTI	HDAY) IF UNDER 1 YEAR MONTHS DAYS YRS.				
C	COUNTRY) LATVIA	76 CITIZEN OF WHAT COUNTRY?	MARRIE		BALTIMORE CITY OF	RE COUNTY OF DEATH	VTY			
P	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET TEMPS A CONV.	H. B	or other institution 120 Scotts Level Kesville, MD	12th USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	WORKING LIFE) INDUSTRY	of BUSINESS			
13a. S	AL RESIDENCE (IF NURSING HOME OF TATE MD 139 COUL		VN	YES X NO		ZIP CODE 045E - 21.	215			
IA FA	ITZAK	MARIL	-	15 MOTHER'S MAIDEN NAM	NOWN		AST			
	VAS DECEASED EVER IN U.S. AF (ES, NO OR UNKNOWN) (IF YES, GI	MED FORCES? VE WAR OR DATES) 166 SOCIAL SECU		IT. INFORMANT ELTROSSMAN	3409 Ros	EDALE Rd	21215			
	PART I. DEATH WAS CAUSE	nly one couse per line for (a) (b), or ED BY: TE CAUSE (a)	dia	e arrost		APPRO BETWEEN	NMATE INTERVA			
	Conditions, if ony, which gove rise to immediate couse (o), stofting the underlying couse lost.	DUE TO, OR AS A CONSEQU	ENCE OF	•			yeal.			
NOI		conditions contributing to	les	an Dise	1-20	· · · · · · · · · · · · · · · · · · ·				
RTIFICAT	190 DATE OF OPERATION	196 CONDIVION FOR WHICH	OPERATIO		YES NO NO	206. IF YES, WERE FIND IN CERTIFYING GAUSE YES				
MEDICAL CERT	21a, ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE LIFE EITHER NOTIFY MEDICAL EXAMINE TO LIVE TO COURRED	HOUR A.M. MONTH D	AY YEAR	216 HOW INJURY OCCURR	RED (ENTER NATURE OF INJUR)	Y IN ITEM 18 ART OR PART 2)				
ME	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY OFFICE,		STREET	CITY OR TOW	VN COUNTY	STAT			
	22a.1 certify that (1) (this borestal) attended the deceased from 50 miles of the deceased alive an 50 miles of the deceased alive an 50 miles of the deceased alive and the course stated above, (1) (we) (did) (10 miles) view the body after death.									
	226 SIGNATURE	enul Lein	: /	ATTENDING PHYSICIAN	MEDICAL STAF	FIAN 3/2	2-/85			
	MANUEL L	EVIN, M.D.		8/0/ PARK	Hors fue	PA 170	4021			
	BURIAL, CREMATION, REMOVAL SPECIFY) BURIAL			KOV CEM.	23d LOCATION CITY OR TOWN BALTIMOR	PECITY	M			

DHMH - 16 50M 4/83 (VRA 15, 4)

24 FUNERAL DIRECTOR

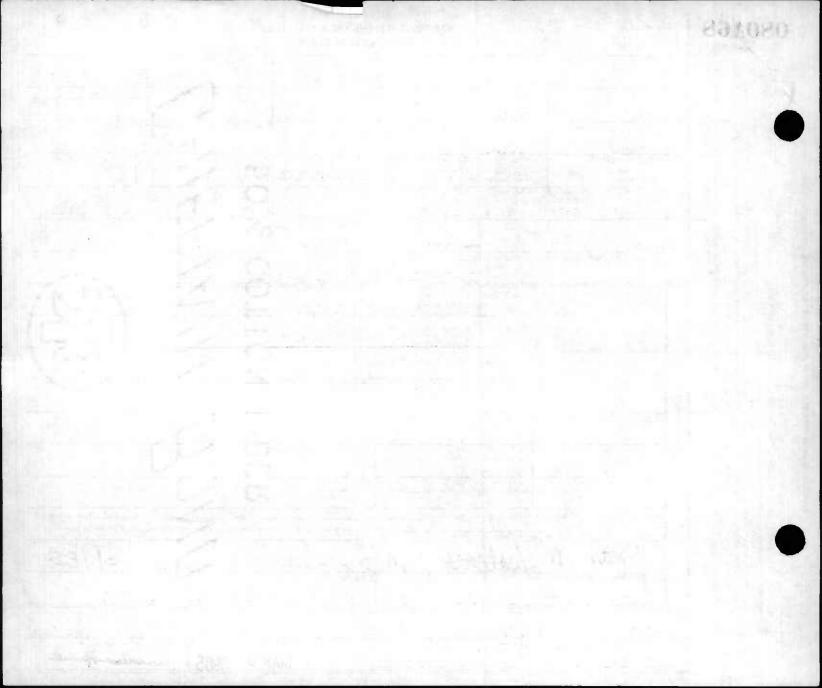
HEBREW MEMORIAL F.H 1100 REISTERSTOWN RD

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BP.

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 may be retained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral directions should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 hour rather death with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal.	IMPORTANT: If them 21 is morked or them 18 shows any injury, or other troumotic event, the medical examples myst be nothined at an or.

	1. DF	REGISTRAR CEASED NAME FIRST		WIDDLE		ICATE OF DEATH	REG. N	O.	YEAR	2b HO
g - 2 m		OR PRINT)	IYRTLE	May		GERTY	Te. Date of Beatt	03 01	185	12:0
1: E)	3. SE		4 RACE	11-2	5. DATE C	F BIRTH	6 AGE (IN YEARS LAST BIR		UNDER 1 YEAR	IF UNDE
	Fe	emale	White		MONTH 3	22 1925	59	YRS	NIHS DAYS	HOURS
P & P & P	To BI	RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY	? 8 MARRIEI	NEVER MARRIED	9 BALTIMORE CITY C	R COUNTY O	FDEATH	
une 72 l	· Ma	arvland	U.S.F		WIDOWE	D DIVORCED	BALTIMORI	-		
by the functiled within		TOWSON	GREAT	ER BALTIM	IORE ME	DICAL CENTER	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST O Housewife	OF WORKING LIFE)	12b. KIND (INDUSTRY	OF BUSIN
filled in	130. 5	1	ME OR OTHER INSTITUTIO COUNTY .ltimore	13t. CITY OR TO	WN	13d INSIDE CITY LIMITS?	13e.STREET ADDRESS 8000 Goug		et	212
Completely 1 and 2 sh	14. FA	ATHER'S NAME FIRST DWard	MIDDLE	Leitch		IS. MOTHER'S MAIDEN NA Myrtle	ME MIDDLE M.		Leit	si ch
S 6 a		VAS DECEASED EVER IN U.S	S. ARMED FORCES?	16b. SOCIAL SEC	URITY NO.	17 INFORMANT	ADDRI	ESS		
S. Poge e medii	No			219-18-	1121	John R. Hage	rty	Same	as 13	MATE INTE
emove c motion, r troum		Conditions, if ony, which	e)			BREAST CANCER				
i signed by the Then please rer to burial, crem njury, ar ather	TION	gove rise to immediat couse (o), stating the underlying couse loss PART 2 OTHER SIGNIFICA	DUE TO, (c)	OR AS A CONSEQUE	DEATH BUT	NOT RELATED TO THE TERM				
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his certificate has been signed by the buriol-transit permit. Then please ret if Mental Hygiene prior to buriol, crem or frem 18 shaws any injury, or other	MEDICAL CERTIFICATION	gove rise to immediat couse (o), stating the underlying couse loss PART 2 OTHER SIGNIFICA 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE C	DUE TO, (c)	OR AS A CONSEQUENCE ON TRIBUTING TO	DEATH BUT H OPERATION DAY YEAR 19 FARM. ETC.)	NOT RELATED TO THE TERM N WAS PERFORMED 21c. HOW INJURY OCCURI 21f. LOCATION STREET	200 AUTOPSY? YES NOTE NOTE RED (ENTER NATURE OF INJUING OF ICE)	20b. IF YES, V IN CERTIFYIN YES [VERE FINDI NG CAUSES I OR PART 2)	NGS USE S OF DEA NO [
DIRECTOR: After this certificate has been signed by the tracked for use as the buriol-transit permit. Then please rete Dept. of Health and Mental Hygiene prior to burial, crem if them 21 is marked or them 18 shows any injury, ar other		gove rise to immediate couse (o), storing the underlying couse loss. PART 2 OTHER SIGNIFICA 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE CONTRIBUTING CAUSE CONTRIBUTING NOT WHILE AT WORK 21d. IN JURY OCCURRED WHILE AT WORK 22a. I certify that (I) (this is saw the deceased alwooke, (I) (we) (did) (did) (did).	DUE TO, (c)	OR AS A CONSEQUENCE OF INJURY A.M. MONTH [P.M. E OF INJURY TREET FACTORY OFFICE	DEATH BUT H OPERATION DAY YEAR 19 FARM. ETC.)	NOT RELATED TO THE TERM N WAS PERFORMED 21c. HOW INJURY OCCUR! 21f. LOCATION STREET 28 , 19 85 and that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN [200 AUTOPSY? YES NOW RED (ENTER NATURE OF INJU CITY OR TO John MEDICAL STA	20b. IF YES, VIN CERTIFY IN YES [RY IN ITEM 18 PART OWN 19, 01e and hour or	VERE FINDING CAUSES LORPARI 2) COUNTY 85 nd from the	NGS USE S OF DEA NO [
IRECTOR: After this certificate has been signed by the hed for use as the burial-transit permit. Then please remet, of Health and Mental Hygiene prior to burial, cremiter 21 is marked or Item 18 shows any injury, or other	MEDICAL	gove rise to immediate couse (0), stating the underlying couse loss. PART 2 OTHER SIGNIFICA 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE CONTRIBUTING CAUSE CONTRIBUTING ALEXA 21d. IN JURY OCCURRED AT WORK NOTHER AT WORK 22a. I certify that (1) (this is saw the deceased alive obove, (1) (we) (did) (did) (did) (did) (did) (did) (did) 3AY M. LI	DUE TO, (c) NOT CONDITIONS O 19b. CON 19b. CON 21b. TIME HOUR / MINER) 21e. PLACI (AT HOME. S) id not) view the bed	OR AS A CONSEQUENCE ON TRIBUTING TO DITION FOR WHICH OF INJURY A.M. MONTH IF P.M. MONTH IF THE OF INJURY OFFICE TO FINJURY OFFICE TO THE OFFICE OF INJURY OFFICE TO THE OFFICE OF INJURY OFFICE	DEATH BUT H OPERATION DAY YEAR 19 FARM.EIC)	NOT RELATED TO THE TERM WAS PERFORMED 216. HOW INJURY OCCUR 216 LOCATION STREET 28 , 19 82 Ind that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN [226. ADDRESS GBMC - 670	200 AUTOPSY? YES NOW NED (ENTER NATURE OF INJU CITY OR IC On to 3/1 death accurred on the d MEDICAL STA DIRECTOR PHYSIC	20b. IF YES, WIN CERTIFYIN YES [RY IN ITEM 18 PART OWN 19. 19. TFF CIAN [3]	VERE FINDING CAUSES I OR PART 2) COUNTY 85 nd from the	NGS USE S OF DEA NO [
UNERAL DIRECTOR: After this certificate has been signed by the id be detached for use as the buriol-transit permit. Then please ret the State Dept. of Health and Mental Hygiene prior to burial, crem NRTANT: if them 21 is marked or Item 18 shows any injury, or other	WEDICAL	gove rise to immediate couse (o), stating the underlying couse loss. PART 2 OTHER SIGNIFICA 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSEC LIFECTHER. NOTHEY MEDICAL EXA 21d. IN JURY OCCURRED WHILE NOTHEY MEDICAL EXA AT WORK 22a. I certify that (I) (this is saw the deceased alwooke, (I) (we) (did) (d) 21b. Significations.	DUE TO, (c) NOT CONDITIONS O 19b. CON 19b. CON 21b. TIME HOUR / MINER) 21e. PLACI (AT HOME. S) id not) view the bed	OR AS A CONSEQUENCE OF INJURY A.M. MONTH IF P.M. E OF INJURY IREET FACTORY OFFICE THE deceased from A D. 236.	DEATH BUT H OPERATION DAY YEAR 19 FARM.EIC)	NOT RELATED TO THE TERM N WAS PERFORMED 21c. HOW INJURY OCCURI 21f. LOCATION STREET 28 , 19 85 Ind that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN [22c. ADDRESS GBMC - 670 EMETERY OR CREMATORY	200 AUTOPSY? YES NOTE NOTE CITY OR TO JOHN TO STANDARD OF INJU CITY OR TO MEDICAL STANDARD OF INJU MEDICAL STANDARD	20b. IF YES, WIN CERTIFYIN YES [RY IN ITEM 18 PART OWN 19. 19. Ote and hour of	VERE FINDING CAUSES I OR PART 2) COUNTY 85 nd from the	NGS USE S OF DEAT NO



requires that the death certificate be executed

OR ATTENDING PHYSICIAN: The law

TO HOSPITAL OR ATTENDING PHYSICIAN: The retained by the hospital or attending physician.

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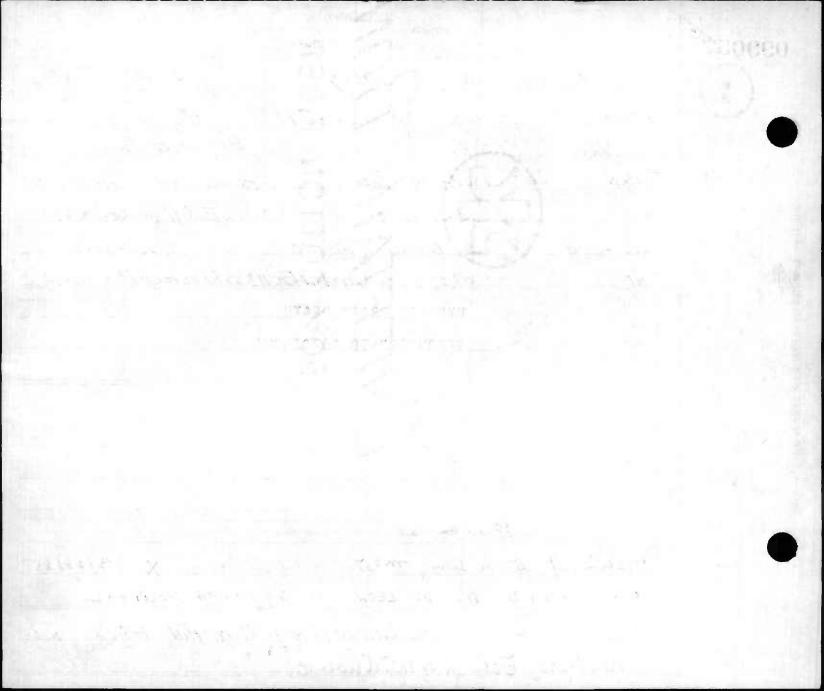
STATE OF MARYLAND	eliza.		6	2
IT OF HEALTH AND MENTAL HYGIENE	2	O	0	2
ERTIFICATE OF DEATH				

١.	FOR STATE REGISTRAR	DEP	ARTMENT OF HEALTH AND MENTA CERTIFICATE OF DEATH		0.0
	CEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH	MONTH DAY YEAR 26 HOUR
TITPE	NEL	LIE M.	HALEY	,	3 28 85 10-20
1:58		4. RACE	5 DATE OF BIRTH	6. AGE (IN YEARS LAST BI	RTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
	Ma cal	01. 11	MONTH DAY YE	77 8	MONTHS DAYS HOURS MIN.
la Bi	IRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUNT			OR COUNTY OF DEATH
	COUNTRY)	DI = D	MARRIED NEVER MARRIE	BALL	
10.0	Vai	11.5,171	WIDOWED DIVORCE		DORE LOUNTY MO.
10. CI	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU	RSING HOME OR OTHER INSTITUTION (TREET ADDRESS)	12a USUAL OCCUPAT	
1	OWSON &	ST. JOSEPH	HOSPITAL	HOMENAK	en At Home
13n S	AL RESIDENCE (IF NURSING HOME O STATE 136 COU		EFORE ADMISSION) TOWN 113d INSIDE CITY LIM	ITS? 13e.STREET ADDRESS	/ 7IB CODE
	md	B24	YES W NO [1812 E.O	Lucia St. 31213
14. F.A	ATHER'S NAME	Usasu	15. MOTHER'S MAID	14 44 44	11001-06-04210
	Weltard	MIDDLE	FIRST	WIDOLE	LAST
140 \		RMED FORCES? 166 SOCIALS	ECURITY NO. 17 INFORMANT	ADDR	Wheatley
		IVE WAR OR DATES)	SECORITY NO.	m um = n	710 000
	NO	2/3-07	-34 BR CAPPLYNI	3e11535 KOSS	166 MVC 2/2/2
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	only ane cause per line far (a), (b	, and (c).1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		TE CAUSE (a) HYPO	XIC BRAIN DEAT	H	
		DUE TO, OR AS A CONSI	COUENCE OF		
	Conditions, if any, which		NDARY TO CARCI	NOMA	
	gove rise to immediate cause (a), stating the	DUSTO OR AS A SOLICI			
	underlying cause last	DUE TO, OR AS A CONSE	GUENCE OF		
	DADE 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO TH	E TERMINIAL DISEASE OR CON	IDITION CIVEN IN BART 1.
Z	TAKI Z OTIEK SIONI ICANI	CONDITIONS CONTRIBUTING	TO DEATH BOT NOT KEER TED TO TH	E TERMINAL DISEASE OR CON	TOTION GIVEN IN PART ITS
CERTIFICATION	19g DATE OF OPERATION	10h CONDITION FOR WA	HICH OPERATION WAS PERFORMED	20g AUTOPSY?	20b. IF YES, WERE FINDINGS USED
FIC	THE DATE OF OFERATION	170. CONDITION FOR WE	TICH OPERATION WAS PERFORMED		IN CERTIFYING CAUSES OF DEATH?
RTII				YES NO	YES NO
	210, ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DE		DAY YEAR	OCCURRED (ENTER NATURE OF INJU	JRY IN ITEM 18 PART 1 OR PART 2)
CAL	LIF EITHER NOTIFY MEDICAL EXAMINE		19		
MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION	CITY OR TO	OWN COUNTY STATE
×	WHILE OF WHILE OF AT WORK	(AT HOME STREET, FACTORY, OF	FICE, PARM, ETC.)	Cit Oil o	
		pital) attended the deceased fr	om	, ta	
	saw the deceased alive as	10:15 am	9 55 , and that in (my) (aur) a		ate and hour and from the causes stated
	above, (I) (we) (did) (did no 22h, SIGNATURE	at) view the bady after death	DEGREE		22¢ DATE SIGNED
	m. + 11	NIA	ATTEND	ING _ MEDICAL _ STA	FF 20 2/20/00
	1 annegy	Do de sem	22e ADDRESS	IAN DIRECTOR PHYSIC	CIAN 2/28/85
	***	OR PRINT}		er men	
	MATIVID	AD D.	DE LEON C/O	ST. JOSEPH	HOSPITAL
23a E	BURIAL, CREMATION, REMOVAL	L 23h DATE	23c NAME OF CEMETERY OR CREMA	TORY 23d LOCATION	A COUNTY
	Bunial	4-1-88	Mr. Calvary CM	ty. Cedan Hi	11 AAC AND
24. FI	UNERAL DIRECTOR		2	A DATE REC'D. BY REGISTRAR	250 REGISTRAR'S SIGNATURE
	NAME ROSELOOL.	1. K.M. 100R	1215 017 20	APR 3 QAR	Burdson Broalle
_	- unuoque	FOUNCERA	4216 LYLLEVOIT	- 1000	

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR, After this certificate has been signed by the attending physician and should be detached for use as the busial-transit permit. Then please remove carbanpapers. Pages with the State Dept. of Health and Mental Hygiene prior to busial, crematian, ar remaval.

IMPORTANT: If them 21 is marked at Irem 18 shows any injury, or other traumatic event, thu



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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENES

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REGISTRAR				CERTII	ICAIL OI	DLAIII	REG. I	VO.			
DECEASED NAME	FIRST		WIDDLE	i	AST		26. DATE OF DEATH	MONTH	DAY	YEAR	26. HOUR
(TYPE OR PRINT)	MARIE		н.	Н	AMSON			3	23	1985	7:45AM
3. SEX		4. RACE		5. DATE C			6. AGE (IN YEARS LAST B	IRTHDAY)	IF UNI	DER I YEAR	IF UNDER 24 HRS
Female		White		MONTH 9	24	1911	73	YR	S.		MOURS MIN.
BIRTHPLACE (STA	TE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8. MARRIE	NEVE	R MARRIED	9. BALTIMORE CITY	OR COU	ATY OF E)EATH	
Marylan	d	U.S.	Α.	WIDOWE		DIVORCED [Baltimor	e Cou	ınty		MD
Catonsvil			HOSPITAL, NURSIN THEACHITY, GIVE STREET I Leasant V			STITUTION	12a USUAL OCCUPA (TYPE OF WORK FOR MOST Sales	TION OF WORKIN	GLIFE) IN	NDUSTRY	F BUSINESS OR Furnitu
ISUAL RESIDENCE (1 30. STATE Maryland	136 COUN		GIVE RESIDENCE BEFORE 13c CITY OR TOWI Catonsvi	N	13d INSIDE	CITY LIMITS?	13e STREET ADDRESS 2211 Pleas	ZIP Co sant	_{DD} Cat View	onsvi Ave	lle, Md 21228
FATHER'S NAME Willia	m	WIDDLE	Schine	dele		r's MAIDEN NA heresa	ME MIDDIE			Antl	litz
WAS DECEASED	EVER IN U.S. AR	MED FORCES? VE WAR OR DATES)	166 SOCIAL SECU 215-34-84		Norma		mson 2201 A			Md. 2 . Cat	
PART 2 OTHER	immediate stating the couse last.	(b) P	R AS A CONSEQUE R AS A CONSEQUE ONTRIBUTING TO E	ENCE OF	SEAS	E, ADV	AINAL DISEASE OR CO		GIVEN II	N PART 110	0.
19a DATE OF O	PERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PER	FORMED	20a AUTOPSY?				NGS USED OF DEATH? NO
OR CONTRIBUTING	AS UNDERLYING C G CAUSE OF DEL Y MEDICAL EXAMINE	ATH HOUR A	.m. month da .m.	AY YEAR			RED (ENTER NATURE OF IN	HURY IN ITEM	18 PART 1	OR PART 2)	
Z1d INJURY OC	OCURRED	21e PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, F.		211 LOCA STR		CITY OR	IOWN	(COUNTY	STATE
sow the d	eceased shive or	02/-	ne deceased from	85,0	28 nd that in (m DEGREE		death occurred on the	dote and	hour and	22c. DATE	SIGNED
8-64	ose	· Kons	加到				MEDICAL ST DIRECTOR PHYS	AFF ICIAN [031	122/8:
	S NAME (TYPE				22e. ADDR						
Dr. E	dmund K	asaitis			1801	Freder	ick Rd. Cat	consv	ille	, Md.	
Dr. E	ION REMOVAL				EMETERY C	Freder R CREMATORY Cemete	23d. LOCATION				

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has

MPORTANT: If Item 21 is morked or Item 18 shows any injury, or other traumatic event, the should be detoched for use os the burial-transit permit. Then please remove corbanpape with the State Dept; of Health and Mental Hygiene prior to burial, cremation, or removal

PARENT TO THE PROPERTY OF THE

MAR 26 1985

filled in by the funeral ould be filed within 72

STATE OF MARYLAND CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REG.	NO.			
TE	OF	DEATH	MONTH	DAY	YEAR	26 HOUR
		0 1		0 10	TAL	10.34

1-	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH	AND MENTAL HY	GIERE REG. NO.) 0 7 6.	
	CEASED NAME FIRST OR PRINT) ALCO	MIDDLE ALCE	LAST HANS	1		18,1985	26 HOUR A.
5	ALS RTHPLACE (STATE OR FOREIGN	WHITS	NOV.	9, 1906	No	MONTHS DAYS	HOURS MIN,
V	TY OR TOWN OF DEATH	U.S.A.	MARRIED WIDOWED X	DIVORCED [BALTIM 120 USUAL OCCUPATION	ORS FOU	BUSINESS OR
USU. 13a S	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION GIVE RESIDENCE BEFO	USUNT	1. Home	SUPSRVIS	OR WES	T. SIC.
	ARYLANO BAL THER'S NAME FIRST	TITURE PARKY	THE YES		3933 H	ISS AVZ.	
	VAS DECE ASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV	/E WAR OR DATES)	9108	FORMANT TO CO.	ADDRESS)(5
	PART I. DEATH WAS CAUSE	nly one couse per line day, (b), o	nd (c \	atosis -	debilita	APPROXIM	MATE INTERVAL NSET AND DEATH
	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUE		arcinon	nac Contro	mous Mans	
TION		CONDITION CONTRIBUTING TO	Obsl	ructive	Trumono	my Distar	<i>'</i>
CERTIFICATION	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING.	196. CONDITION FOR WHICH			YES NO	N CERTIFYING PAUSES (GS USED OF DEATH? NO
MEDICAL CE	OR CONTRIBUTING CAME OF DEA	HOUR A.M. MONTH	PAY YEAR	OCATION	RED (ENTER NATURE OF INJURY II		
ME	WHILE NOT WHAT AT WORK 220.1 certify that (1) (this hospi	(AT HOME, STREET, FACORY, OFFICE,		STREET	2 Onu	COUNTY . 19 . 19 . 11	STATE hot (I) (me) lost
	saw, the decreased give ou above, (I) half lab to 77b SIGNATURE	Fasik Jus	DEGRE	ATTENDING PHYSICIAN	MEDICAL STAFF	and hour and from the co	ouses stated
22 6	FRANK T	KASIK, JR.		ADDRESS ADDRESS	JARFORD R	CAD - PAR	KVIUS
6	BURIAL, CREMATION, REMOVAL SPECIFY) URIAL UNERAL DIRECTOR	3-21-1985 C	JORELA	RY OR CREMATORY	TE REC'D. BY REGISTRAR 251	S BALTO- I	ARYLADO
3	VAOS CHAPS	LOF MEMORI	8800 25 HARF	1/00-	R 1 9 1985	Co. Maria	-1.00

DHMH - 16 60M 7/84

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and c should be detached for use as the burial-transit permit. Then please remove corbampopers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

retained by the hospital or offending physician. TO HOSPITAL OR ATTENDING PHYSICIAN: The

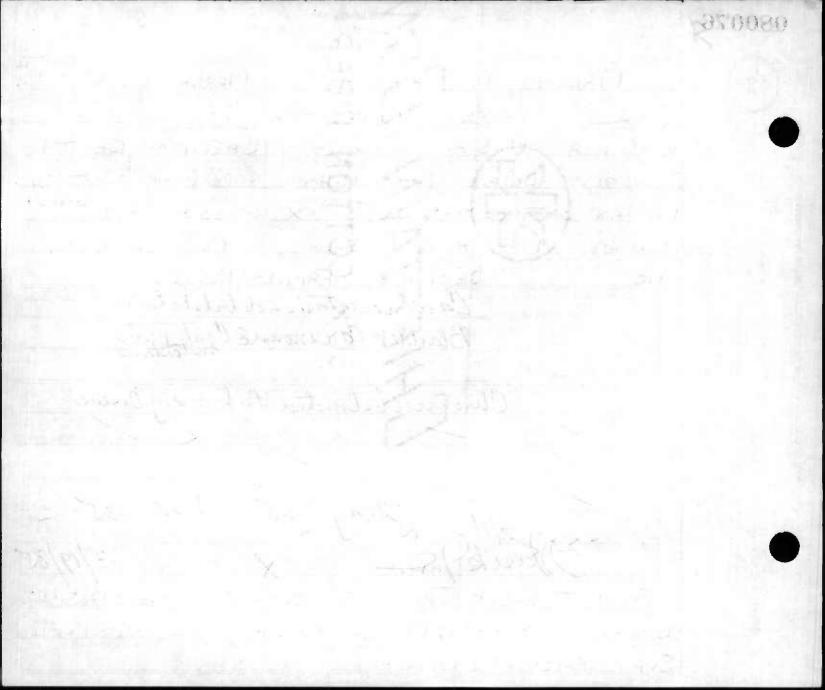
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injury, or other traumatic event, the

ony

IMPORTANT: If Hem 21 is morked or tem 18 shows

(VRA 15, 4)



STATE OF MARYLAND (3) DEPARTMENT OF HE. CEPTIEL

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ALTH AND MENTAL HYGIENE	2	O	0	8
CATE OF DEATH		REG NO		

ł	REGISTRAR	CERTI	FICALE OF DEATH	REG. NO	D.
1	1. DECEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH	MONTH DAY YEAR 26 HOUR
l	MARY	/////	2NA	MARCH	16 1985 5.00Pm
1	3 SEX	4 RACE 5 DATE	OF BIRTH TH DAY YEAR	6. AGE (IN YEARS LAST BIRTI	HDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
1	<i></i>	u	6/29/99	85	YRS
ı	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY? 8 MARRI	ED NEVER MARRIED	9 BALTIMORE CITY O	
ļ	10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME	DIVORCED DIVORCED	BALT C	
1	ESSEX	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) RIVERVIEW N.	H	(TYPE OF WORK FOR MOST OF	WORKING LIFE) INDUSTRY
1	130 STATE M.P. 136 COU	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION NTY 130 CITY OR TOWN BALTO ESSEX	13d INSIDE CITY LIMITS?	130 STREET ADDRESS	ENA RO
1	FRANK	MIDDLE VANK	15. MOTHER'S MAIDEN NAMES	ME MIDDLE KURONA	LAST
1	160. WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECURITY NO.	17 INFORMANT	ADDRE	SS
I	NO	315 03 7492	MARIE KA.	PPLER	ABOUR
	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT	DUE TO, OR AN A CONSEQUENCE OF (b) AT RECOGLOSSION DUE TO, OR AS A CONSEQUENCE OF (c) CONDITIONS CONTRIBUTING TO DEATH BU	,	Asala DSea	
	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING [196 CONDITION FOR WHICH OPERATIO	DN WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\cap \) NO \(\cap \)
	OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH DAY YEAR P.M. 19			
ı	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOW	N COUNTY STATE
	sow the deceased alive an above, (1) (we) (did) (did no	tal) attended the deceased fram			
	Meulfu	mo	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	FIAN CO 3/16/24
	220. PHYSICIAN'S NAME (TITLE OF	R PROMES	22e ADDRESS		
T	23a BURIAL, CREMATION, REMOVAL (SPECIFY)	5/10/	CEMETERY OR CREMATORY	23d. LOCATION CITY OF LOWN	COUNTY STATE

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 OR ATTENDING PHYSICIAN, The TO HOSPITAL

BP.

should be detached for use as the bu-with the State Dept. of Health and M TO FUNERAL DIRECTOR

MPORTANT: If Bern 21 is

DHMH - 16 60M 1/75 (VR A 15 (4))

24 FUNERAL DIRECTOR CONNELLY

ADDRESS 300 MACE

256. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

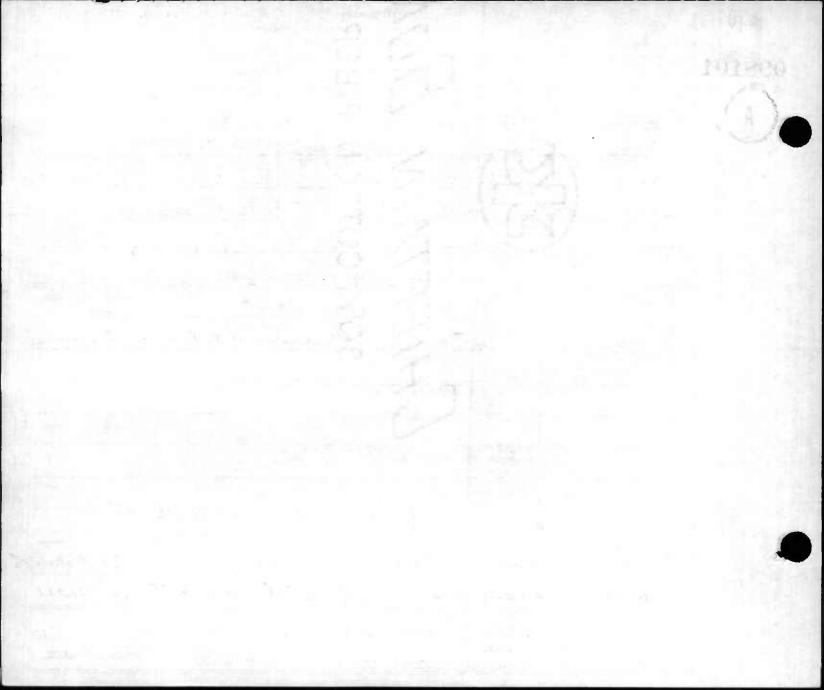
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							FICATE OF DEATH	REG. N				
1		OR PRINT)	Joseph	DANIE	L F	HARRIN	NGTON	March 26		DAY YEAR	26 HOUR 2:33	P
1	3. SE)	(4. RACE		5. DATE O		6 AGE (IN YEARS LAST B	IRTHDAY)	IF UNDER 1 YEAR		4 HRS
	Ma	le		White		9	DAY YEAR 1904	80	YRS	MONTHS DATS	HOURS	WIN,
16	(RTHPLACE (STA	TE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWI	ED NEVER MARRIED	9 BALTIMORE CITY Baltimore	OR COUNTY			445
57	10. CI	TY OR TOWN O	F DEATH	11. NAME OF	HOSPITAL, NURSING CHEACILITY, GIVE STREET	ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPATION OF THE FIGHT	TION OF WORKING LIE	12b KIND (of Busines	
36	ÚSÚ/ 13a. S		13b COUN	OTHER INSTITUTION	GIVE RESIDENCE BEFOR 134. CITY OR TOW Dundalk	E ADMISSION)	•	130 STREET ADDRESS 8183 Mid	/ ZIP CODE	E	Z.MOZ C	2
30	14 FA	THER'S NAME		MIDDLE	Harringt	on	IS MOTHER'S MAIDEN N. Hannah			A2	st Knowr	
1	160 V	VAS DECEASED			16b SOCIAL SECU		17 INFORMANT	ADD	RESS	1.00	1410111	
1	No	res, no or unknow	N) (IF YES, GIV	E WAR OR DATES!	217-12-3	3388	Joan M. Fra	nczkowski	S	Same as	13e	
				DUE TO, C	OR AS A COMSEQUE	ENCE OF	Tit out	ranculat.	disin	2 2	04100	h
	ATION		immediate stating the couse last	CONDITIONS C		DEATH BUT	T NOT RELATED TO THE TER.		NDITION GIV	VEN IN PART 1	10	rs
9	TIFICATION	gove rise to couse (a), underlying	immediate stating the couse last	CONDITIONS C	ONTRIBUTING TO	DEATH BUT			20b. IF YES		NGS USED	
9	ICAL CERTIFICATION	gove rise to couse (a), underlying (b) PART 2 OTHER (c) PART 2 OTHER (c) PART 2 OTHER (c) PART 2 OTHER (c) PART 3 OTHER (c) P	immediate stating the couse last ing the couse last SIGNIFICANT (PERATION AS UNDERLYING CAUSE OF DELY MEDICAL EXAMINE!	19b. CONDITIONS C	ONTRIBUTING TO	DEATH BUT	ON WAS PERFORMED 21c HOW INJURY OCCU	VINAL DISEASE OR COM 200 AUTOPSY? YES NO	20b. IF YES	VEN IN PART 1 S, WERE FINDI FYING CAUSE: ES	NGS USED S OF DEATH	
	MEDICAL CERTIFICATION	gove rise to couse (a), underlying (b) PART 2 OTHER (c) PART 2 OTHER 2 OT	immediate stating the couse last ing the couse last SIGNIFICANT (PERATION AS UNDERLYING CAUSE OF DELY MEDICAL EXAMINE!	19b. CONDITIONS C 19b. COND 21b. TIME C HOUR A P 21e PLACE	ONTRIBUTING TO	DEATH BUT OPERATIO AY YEAR 19 FARM. ETC.)	ON WAS PERFORMED 21c HOW INJURY OCCUI	200 AUTOPSY? YES NO RED (ENTER NATURE OF IN)	206. IF YES IN CERTIFYE	VEN IN PART 1 S, WERE FINDI FYING CAUSE: ES	NGS USED S OF DEATH	1?
		gove rise to couse [0], underlying PART 2 OTHER 190 DATE OF OI 210, ACCIDENT W. OR CONTRIBUTING (IF EITHER NOTIF 21d INJURY OC WHILE AT WORA 220.1 certify the sow the desired in the couse of the	immediate stating the couse lost the couse lost stating the couse lost stating the couse lost stating to the couse lost stating to the couse of the	19b. CONDITIONS C 19b. TIME C HOUR A P 21b PLACE (AT HOME ST	ONTRIBUTING TO	DEATH BUT OPERATIO AY YEAR 19 FARM, ETC.)	216 HOW INJURY OCCUR 216 LOCATION STREET DEGREE ATTENDING PHYSICIAN	200 AUTOPSY? YES NO RED (ENTER NATURE OF IN)	20b. IF YES IN CERTIF YE URY IN ITEM IB F	S, WERE FINDI FYING CAUSE: ES PART 1 OR PART 2) COUNTY 19	NGS USED S OF DEATH NO STA	e) los
9	MEDICAL	gove rise to couse (a), underlying (b) PART 2 OTHER 19a DATE OF OIL 21a, ACCIDENT W. OR CONTRIBUTING (IF EITHER NOTIF 21d INJURY OC WHILE AT WORA 22a. I certify the sow the decided of the country of th	immediate status the couse lost the couse lost status the couse of DE. The couse of DE. The couse of the couse o	21b. TIME C HOUR A P 21c PLACE (AT HOME ST wiew the body	ONTRIBUTING TO ONTRIBUTING TO OF INJURY .M. MONTH D. .M. OF INJURY REET, FACTORY, OFFICE, I	DEATH BUT OPERATION AY YEAR 19 FARM, ETC.) The Control of the	216 HOW INJURY OCCUP 216 LOCATION STREET 19 76 ATTENDING PHYSICIAN 22e. ADDRESS 105 OLd Ca	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJ CITY OR I deoth occurred on the of the object of the	20b. IF YES IN CERTIF YE URY IN ITEM IB F	VEN IN PART 1 S, WERE FIND FYING CAUSE: COUNTY 1985 Ut and from the 22c. DATE 27	that (I) (we couses state	lost ed
	WEDICAL WEDICAL	gove rise to couse [0], underlying PART 2 OTHER 190 DATE OF OI 210, ACCIDENT W. OR CONTRIBUTING (IF EITHER NOTIF 21d INJURY OC WMILE AT WORK 220.1 certify the sow the design of the country of th	immediate status the couse lost the couse lost status the couse of DE. The couse of DE. The couse of the couse o	21b. TIME C HOUR A P 21c PLACE (AT HOME ST wiew the body	ONTRIBUTING TO ONTRIBUTING ONTRIBUTING TO ONTRIBUTING TO O	DEATH BUT OPERATION AY YEAR 19 FARM. ETC.) NAME OF C	216 HOW INJURY OCCUI 211 LOCATION STREET 219 ZG ATTENDING PHYSICIAN	200 AUTOPSY? YES NO CITY OR TO COWN	20b. IF YES IN CERTIFYED OWN AFF CIAN BOLL BOLL	VEN IN PART 1 S, WERE FIND FYING CAUSE: COUNTY 1985 Ut and from the 22c. DATE 27	that (I) (we couses state	TE P) loss

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Dundalk, Maryland

7922 Wise Avenue



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20005	1	REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO	٥.		
137000		CEASED NAME	FIRST	MIDDLE	Į.	AST	2a. DATE OF DEATH	MONTH DAY	YEAR 2	b. HOUR
be 3	(1117)		WILMER	LEE	НА	RRISON		3 28	185	
шоу	3. SE	Х	4. RACE		S. DATE C	F BIRTH	6. AGE (IN YEARS LAST BIR	(HDAY) IF U	NDER I YEAR	IF UNDER 24 HR
ge 4	and the same	MALE	Whi	te	Ар	r. 15 1920	64	YRS	INS DAYS	HOURS
a le le		RTHPLACE (STATE OR F	OREIGN 76 CITIZEN OF	WHAT COUNTRY?	8.	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF	DEATH	
ne oth	11 -	Marvland	US	A	WIDOWE		BALTIMOR	E COUN	ITY	^
her d		ITY OR TOWN OF DEA	ATH 11. NAME OF			R OTHER INSTITUTION	120 USUAL OCCUPATION		12b. KIND OF E	BUSINESS C
by th		TOWSON	GBM	C-6701 1	N.CHA	RLES ST.	Ret. Attorn		Lav	V
hou din de in	USU 13a.	AL RESIDENCE (IF NURS	ING HOME OR OTHER INSTITUTION	13c. CITY OR TOW		1 13d INSIDE CITY LIMITS?	13. STREET ADDRESS	ZIP CODE		
fille authority	Ma	ryland	Baltimore			YES NO X	Falls Rd.	, Willo	wdale	Farm
orthur 12 st	14 F	ATHER'S NAME	WIDDLE	Harris	on	15. MOTHER'S MAIDEN NA	ME MIDDLE	Butler,	Md.	21623
ond one	V	/illiam	Thomas	Harr		Elizabeth				Robey
ond co		VAS DECEASED EVER	IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)	166 SOCIAL SECU	JRITY NO.	17 INFORMANT	ADDRE	1563		
Pog.	<u> </u>	Yes	WW II	217-05-	9007	Margaret R	. Harrison	, Falls	Rd.	2102
sicia ol.		18 CAUSE OF DEAT	H Enter only one couse po	er line for (o), (b), on	nd (chil					ATE INTERVAL
phy n pa mov		PART I. DEATH W	AS CAUSED BY: IMMEDIATE CAUSE (0)	ALCOR	HOLIC	CIRRHOSIS				
ding orbo or re				OR AS A CONSEOU	ENCE OF		1-26			
tent ten ve cv ian,		Conditions, if ony,		OK AS A CONSCOU	LINCE OF					
he a he a ema mot		gove rise to imm	nediate)	DR AS A CONSEQU	ENCEOE					
equires that the in signed by the Then please rem rio burial, cremoinjury, or other ti		underlying couse		DR AS A CONSECU	EINCE OF			1		
ned ple		PART 2. OTHER SIGN	VIFICANT CONDITIONS	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVEN	IN PART 110	
equii Ther to b	Z O		P	NEUMONIA	A, GI	BLEEDING				
bee mit.	CERTIFICATION	19a. DATE OF OPERA	TION 196 CON	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, W	ERE FINDING	S USED
he le	TE	34 3 31					YES NO	YES [NO [
ysici transit Hygin IS sh	CER	21a. ACCIDENT WAS UNE		OF INJURY	AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	EY IN ITEM IB PART I	ORPART 2)	
ICIA g pt g pt intal	SAL	OR CONTRIBUTING (IF EITHER NOTIFY MEDI	CAUSE OF DEATH	P.M.	19					
his chis chis di Me	MEDICAL	21d INJURY OCCUR		OF INJURY	CADA ESC)	211 LOCATION	CITY OR TO	WN	COUNTY	STATE
otte otter ter t s the s the	2	AT WORK NOT WH	HKE I	TREET, FACTORY, OFFICE, I	PARM, ETC					
ADIN S ma		22a I certify that (I)	(this hospital) attended t	he deceased from_	3/1	9 , 19 8 1		28		ot (It (we) la
TTEP Purton for do of H		sow the decease	ed olive on 3/2		85,01	nd that in (my) (our) opinion	death occurred on the de	ste and hour an	d from the co	uses stated
has has iREC ihed ept.		276 STONATURE	01 1	10	0.4	DEGREE	An autor		22c DATE SI	GNED
Al D the part D letoc		Jory	That the	200	111	PHYSICIAN [MEDICAL STAF	IAN X	3/29	/85
SPIT d by NER. be o		HE PHYSICIAN'S NA	AME (1999 SERIES)			22e. ADDRESS				
etained TO FUNE should be with the S		J,LUST	BADER, M.D	•		GBMC-6701	N. CHARLES	ST.		
sho To		BURIAL, CREMATION,	REMOVAL ZIL DATE	23c. 1	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION			
BP		Burial	4/1/	85 H	arrie	on Family P	Ot Butler	Bal	t O	Md
	24 F	UNERAL DIRECTOR	1. 7.2		<u>15</u>	25a. DAI	E REC'D. BY REGISTRAR			
DHMH - 16 60M 7/84 (VRA 15, 4)		Martin D	Lawson,	10 W. Pa	donia	Rd. M	AR 29 1985	Guna was	Harry-M	- INTER
								24		

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and a state of the state of the

requires that the death certificate be executed within 24 fears

ATTENDING PHYSICIAN: The law

TO HOSPITAL

BP.

retained by the hospital or attending physician.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN CERTIFICATE OF DEATH

REG. NO.		REG.	NO.
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		EASED NAME	FIRST		MIDDLE		1 A ST		ATH MONTH	DAY Y		HOUR
1		OR PRINT)	rinsi		MIDDLE			20. DATE OF DEA		VAI	YEAR 2b.	110011
/			Mabe]			HARTL	St. A. Million .	March		985		9:35
	3. SE)			4. RACE			DE BIRTH	6. AGE (IN YEARS		MONTHS		OURS M
	7. 04	Female		Whi		Se Se	pt. 3, 1903		31 YR		211	
26		ountry land	REGN	7b. CITIZEN OF	WHAT COUN	MARRIE	D NEVER MARRIED	9 BALTIMORE C			AIH	
11		TY OR TOWN OF DE	ATM		HOSBITAL NII	WIDOWI	DIVORCED DIVORCED DIVORCED	Baltimo			(IND OF BI	ICINIECC
57	Ro	ssville 2	1237	Frank	lin Sq.	HOSpit		Housew	NOST OF WORKIN	G LIFE) INDU	Forme	JSINESS
36	USUA 130_S IVia	TATE TATE Aryland		other institution TY LIMORE	13 CITY OR LSSE		134 INSIDE CITY LIMITS? YES NO X	13e STREET ADD 721 La	RESS / ZIP C stern I		212	21
30	14. FA	THER'S NAME FIRST Willia		Grove	S LAS	ī	IS. MOTHER'S MAIDEN N.		odle n		LAST	ij.
1		AS DECEASED EVE		MED FORCES?	166 SOCIAL	SECURITY NO.	17 INFORMANT		ADDRESS		ckeys	
	11	No	-	, WAR OR DATES)	212 0	5 5431	Melba Defeo	15 "C"	Hogartl	h Circ	le	210
		Conditions, if on- gove rise to in couse (0), stat underlying cous	nmediate ing the	(b)_	Left L	SEQUENCE OF LOISEQUENCE OF	be Pneumonia	and Sepsi	is			
2	CATION	gove rise to in couse (0), stat underlying cous	nmediate ing the se last.	DUE TO, C	Left L	OWER LO	De Pneumonia		CONDITION	YES, WERE I	FINDINGS	USED DFATH?
2	TIFICATION	gove rise to in couse (o), stot underlying couse PART 2 OTHER SIG	mediate ing the se last. GNIFICANT C	DUE TO, C	Left L	OWER LO	NOT RELATED TO THE TERI	MINAL DISEASE OR 200 AUTOPSY YES NO	2 20b. IF	YES, WERE I	FINDINGS AUSES OF	USED DEATH?
29	CERTIFIC	gove rise to in couse (0), state underlying cous	amediate ing the ing the lost. SNIFICANT C ATION NDERLYING CAUSE OF DEA	DUE TO, C (c) ONDITIONS C 19b COND 21b TIME C HOUR A	Left L ONTRIBUTION ONTRIBUTION OF INJURY	OWER LO	ON WAS PERFORMED 214 HOW INJURY OCCUI	MINAL DISEASE OR 200 AUTOPSY YES NO	2 20b. IF	YES, WERE I	FINDINGS AUSES OF	DEATH?
29	MEDICAL CERTIFICATION	gove rise to in couse (0), stat underlying couse PART 2 OTHER SIC 19a DATE OF OPER. 21a, ACCIDENT WAS ULOR CONTRIBUTING	INTERIOR OF THE PROPERTY OF TH	DUE TO, CO (c) ONDITIONS C 19h COND 21h TIME C H HOUR A P 21e PLACE	Left L ON AS A CONS ONTRIBUTING OF INJURY M. MONTH OF INJURY	EQUENCE OF	NOT RELATED TO THE TERI	200 AUTOPSY YES NO	2 20b. IF	YES, WERE I	FINDINGS AUSES OF N ART 2)	DEATH?
29	MEDICAL	gove rise to in couse (0), stat underlying couse (1). PART 2 OTHER SIGNATURE OF OPER. 210. ACCIDENT WAS UITOR CONTRIBUTING (FEITHER NOTHER MEITOR MEITOR ATTWORK ATTWORK 220.1 certify that 250.1 can be stated to the country of the c	ATION AT	DUE TO, C (c) ONDITIONS C 19b COND 19b CON	DE AS A CONS ONTRIBUTION ONTRIBUTION OF INJURY .M. MONTH .M. OF INJURY REEL, FACTORY, OF	SEQUENCE OF STO DEATH BUT WHICH OPERATION 1 DAY YEAR 19 FFICE, FARM, ETC.) TOM March	216 HOW INJURY OCCUI	200 AUTOPSY YES NO RRED (ENTER NATURE	206. IF 206. IF IN CE OF INJURY IN ITEM IY OR TOWN	YES, WERE I RTIFYING CA YES	FINDINGS AUSES OF N ART 2)	STATE
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29	MEDICAL	gove rise to in couse (0), stat underlying couse (1), stat underlying couse (1), stat underlying couse (1), and the couse (1),	ATION DERIVING CAUSE OF DEA CAUSE OF DEA OCAL EXAMINER: RRED OCAL EXAMINER: CHIS hospit Sed of ive on, (did) AME (17PE O	DUE TO, CO (c) ONDITIONS CO 19b COND 19b C	DE AS A CONS ONTRIBUTION ONTRIBUTION OF INJURY .M. MONTH .M. OF INJURY REEL, FACTORY, OF	SEQUENCE OF STO DEATH BUT WHICH OPERATION 1 DAY YEAR 19 FFICE, FARM, ETC.) TOM March	216 HOW INJURY OCCUL 216 LOCATION STREET 13 19 8 nd that in Aut (our) opinion DEGREE ATTENDING	200 AUTOPSY YES NO RRED (ENTER NATURE 5. to May death occurred on MEDICAL DIRECTOR F	206. IF IN CE OF INJURY IN ITEM TY OR TOWN Ch 14 STAFF PHYSICIAN	YES, WERE I RTIFYING CA YES 118 PART I ORP. COUR 19 85 hour and fra	FINDINGS AUSES OF N ART 2) NITY Dom the country	STATE STATE (we) ses stated

DHMH - 16 50M 4/83 (VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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REGISTRAR				CERTIF	ICATE OF DEATH		REG. NO.			
ECEASED NAME	FIRST	MI	DDIE	l	AST	20 DATE	OF DEATH MO	NTH DA	YEAR	2h HOUR
PE OR PRINT}	ELS	IE		I	HARRISON	M/	ARCH 14,	1985		8:15A. A
X		4. RACE		5 DATE C		6. AGE (II	N YEARS LAST BIRTHD	AY) IF	UNDER I YEAR	IF UNDER 24 HRS
FEMALE		WHIT	re .	OCTO	BER 20, 1909	1 37	75	YRS	NIHS DAYS	HOURS MIN.
RTHPLACE (STATE OR	FOREIGN	76 CITIZEN OF W		8 MARRIEI	D NEVER MARRIED	9 BALTIM	ORE CITY OR	OUNTYO	FDEATH	=1-10(4)
MARYLAN	D	U.S.	Α.		DYY DIVORCED		BALTO. C	OUNTY		ME
ITY OR TOWN OF DE	ATH		SPITAL, NURSIN		OR OTHER INSTITUTION		LOCCUPATION		12b. KIND O	F BUSINESS OR
WINGS MIL			LVET VAI	LLEY V	VAY 21117	JOH	JSEWIFE		AT H	OME
AL RESIDENCE (IF NUR	13b COU	NTY	BALTIMO		13d. INSIDE CITY LIMITS?	13e STREET	ADDRESS / Z	IP CODE	21	208
IARYLAND	BA	LTO.	WINGS XN	4xks	YES NO X		PARK I	EIGHT		.,APT. 4
THER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDEN I	VAME	WIDDIE		LAS	
SAMUE			HARRIS		SARAH		1000000		UNK	
VAS DECEASED EVER		RMED FORCES? I	6h SOCIAL SECUI	RITY NO.	17 INFORMANT		ADDRESS	OWIN	IGS MI	LLS, MD
NO			215-50-9	9987_	MRS. SONDRA	_CRAIN_	2509 VE	LVET	VALLE	WAY 21
18 CAUSE OF DEAT	H (Enter o	nly one cause per li	ne for (a), (b), and	19. 7	, (-	3.74	A 11	BETWEEN	MATE INTERVAL
PARTI. DEATH		TE CAUSE (a)	mote	fat.	er con	200	ma		2	mos
PART 2 OTHER SIG	6-	Cer (lan'	Ne	NOT RELATED TO THE TE	200 AU	TOPST 1 2	Ob. IF YES, N	WERE FINDIN	NGS USED OF DEATH?
21a. ACCIDENT WAS UN	DERLYING [21b. TIME OF	INJURY		21c HOW INJURY OCCI	VES URRED (ENTER	NO NATURE OF INJURY II	YES	I I OR PART 2)	но 🗌
OR CONTRIBUTING	CAUSE OF DE	ATH HOUR A.M	. MONTH DA							
(IF EITHER NOTIFY MED 21d. INJURY OCCUR		21e PLACE O	FINJURY	19	211. LOCATION	-				
WHILE NOT W	HILE	(AT HOME STREE	T FACTORY, OFFICE, FA	ARM ETC }	STREET		CITY OR TOWN		COUNTY	STATE
220.1 certify that (I		atended the	deceased from	4	11/ 10/	L 10_	3119	10	15	that (I) the las
saw the deceas	ed alive at	3/12	19	95, or	nd that in (my) (our) apinio	an death occur	red on the date	and hour o	and from the	causes stated
The Shiature	(did n	ot) view the body of	tte eath.		DEGREE				22c. DATE	SIGNED
1/1/1	2011	11/1/2	11/	in	S ATTENDING	2 MEDICA	STAFF	N D	37/	14/80
III. PHI VICIAN'S N	AME (TYPE	OF PRINT)	Jany,	111	22e ADDRESS	DIRECTO	K FHISICIA	· L	1///	4-
Dn .	1 1 1 1 1 1 1 1	ID CAPTA							-	
DK. I		VD CAPLAN		LAME OF C	1 2435 W. BE	LVEDERE	CATION	_		
BURIAL	, KEMOVAI					C	ITY OR TOWN		COUNTY	STATE
	900	3/15/8			FRIENDSHIP (BALTO.	DECUCTO		RYLAND
UNERAL DIRECTOR	SOL	LEVINSON	& BROS.	, INC.	250. 0	ALE REC'D. BY	REGISTRAR 25	A. KEGISTRA	Adson-A	Junda 202
10 REISTER	STOW	V RD. BAL	TO. MD 21	215		MAK 19	1985	a was	74801-1	

DHMH - 16 60M 7/B4 (VRA 15, 4)

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TO FUNERAL DIRECTOR: After the

certificate has been signed by the ortending analytimust permit. Then please remove corbo

TO HOSPITAL OR ALTENDING PHYSICIAN: The low requires that the death retained by the hospital or attending physician.

injury, or other troumatic

should be detached for use as the first abstraint permit. Then please remove it with the State Dept. of Health and Mental Hypere print to buriol, cremation. IMPORTANT: If them 21 is marked at them 18 those any injury, or other traum

IMPORTANT: If Item 21 is marked at Item

6010 REISTERSTOWN RD. BALTO, MD 21215

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 TO HOSPITAL OR

TO FUNERAL DIRECTOR: After this certificate has been signed by the should be detached for use as the burial-transit permit. Their plicate removith the State Dept. of Health and Mental Hygiene prior to burial common the State Dept.

DHMH - 16 60M 7/84

(VRA 15, 4)

retained by the hospital ar attending physician.

IMPORTANT: If Hem 21 is morked or Hem 18 shows and

STATE OF MARYLAND	4
DEPARTMENT OF HEALTH AND MENTAL	HYGIE
CERTIFICATE OF DEATH	

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١	REGISTRAR		CERTIFICATE OF DEATH	REG. NO	
1	1. DECEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH	MONTH DAY YEAR 26 HOUR
I	MARY	- MA	THAILMY	MAK	2H 24 1985 9:30 AM
ı	3. SEX	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTI	
	F.EMACE	CASICASIAN	Dec. 9, 191	5 69	MONTHS DATS HOURS MIN.
1	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED	9 BALTIMORE CITY OF	COUNTY OF DEATH
4	Balto., Md.	U. S. A.	WIDOWED DIVORCED	Baltimo	re County MD.
1	Baltimore	11. NAME OF HOSPITAL, NURSING HENOTING UPFACILITY, GIVE STREET A HERITAGE NUR.	sing Home	12a. USUAL OCCUPATIO LIVPE OF WORK FOR MOST OF Checkout	NORKING LIFE) 12b. KIND OF MISINGS P INDUSTRY Clerk-Food Store
1	Md. 136. COU	OR OTHER INSTITUTION GIVE RESIDENCE BEFORE A JNTY 13 CITY OR TOWN Baltime	Ore 13d. INSIDE CITY LIMIT	130 STREET ADDRESS /	01001
1	14 FATHER'S NAME ACAM	MIDDLE Soboth	15 MOTHER'S MAIDE	N NAME MIDDLE	LAST
1	160 WAS DECEASED EVER IN U.S. A		RITY NO. 17. INFORMANT 20	2 Tunel oADDRE	Spinek dEdgewood,
1	(YES, NO OR UNKNOWN) (IF YES G		3428 William	E. Hathaway	. Jr. Md. 21040
1	18 CAUSE OF DEATH (Enter of	anly one couse per line far (o), (b), and			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
1	PART I. DEATH WAS CAUS	SED BY: ATE CAUSE (a) CARPIORES/	PLRATORY ALI	EST	
١		DUE TO, OR AS A CONSEQUE	NICE OF		
ı	Conditions, if any, which	(b) CANCEL BY	F THE LUNG,	unknown pri	miry
ı	gave rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQUE			
1	underlying cause last.	(6)			
1		CONDITIONS CONTRIBUTING TO D	EATH BUT NOT RELATED TO THE	TERMINAL DISEASE OR COND	ITION GIVEN IN PART Tra
	NO.				
	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHICH (OPERATION WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
-	210. ACCIDENT WAS UNDERLYING		21c HOW INJURY OF	CCURRED (ENTER NATURE OF INJUR	IN ITEM 18 PART OR PART 2)
1	OR CONTRIBUTING CAUSE OF DI	CAIN	19		
1	OR CONTRIBUTING CAUSE OF DI (IF EITHER NOTIFY MEDICAL EXAMINI 21d INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION	CITY OR TOW	IN COUNTY STATE
١	WHILE NOT WHILE AT WORK	(AT HOME STREET FACTORY, OFFICE, FA	RM, ETC.)		
ı	220.1 certify that (1) (this has	pital) ottended the deceased fram	DEC. 21 , 19_	84 to MARCH	
ı	saw the deceased alive a above. (1) (we) (did) (did)	an NHOCK 24 19 8	and that in (my) (our) op	inian death accurred on the da	te and haur and fram the couses stated
1	226. SIGNATURE	at the state of the death.	DEGREE		22c. DATE SIGNED
1	Im Doma	ma. m.	PHYSICI.	NG MEDICAL STAF	
	22d. PHYSICIAN & NAME (TYPE	OR PRIME	22e ADDRESS	AT	
	L. M. J.	cenamoy, M.		BRIXDUAY,	9KIN-MP 21231
	23a BURIAL, CREMATION, REMOVA	23b DATE 23c N	AME OF CEMETERY OR CREMAT	ORY 23d. LOCATION	COUNTY STATE
	(SPECIFY) Burial		k Lawn Cemet		
	24 FUNERAL DIRECTOR John	A. Moran, Inc	.Funeral Hom	ATE REC'D. BY REGISTRAR	SE REGISTRAR'S SIGNATURE
	3000 E. Balti	more St.: Balto	Md. 21224	MAR 2 6 1985	,00000
- 0					

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soltimore dentinge Martin was a Checkout Civra-rod store

Ad. --- Battimore x - Ad- 120 N. Ectomec Circuit

dom --- Sobetta Anna Spinek Sp

No --- 215-10-3028 #111 tom E. Machaman, Jr. Md. 210-00

must it tiefing than Laun Oc every saiting out that

man fandere and minor

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and campletely filled in by the funeral director, page bages 1 and 2 should be filed within 72 hours after deap

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

n	6	9	3	6	
	-				

1-	FOR STATE REGISTRAR			IEALTH AND MENTAL HYG	REG. N	o.	
(TYPE	CEASED NAME FIRST E OR PRINT)	✓ Ma	ay Hele	nes/	20. DATE OF DEATH	3/7/8	EAR 2b. HOUR
	Famale INTHPLACE (STATE OF FOREIGN	I. RACE	what country? 8.		6. AGE (IN YEARS LAST BIR 82 9. BALTIMORE CITY O	YRS.	DAYS HOURS MIN.
	To time to MA		HOSPITAL, NURSING HOME (DR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR ACTIST		MD. INDOF BUSINESS OR
USU 13a. S	AL RESIDENCE (IF NURSING HOME OF STATE 136. COUN BA)	OFFIER INSTITUTION	GIVE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN TOWSON	13d. INSIDE CITY LIMITS? YES NO T	306 East	Joppa Rd.	21204
	Alfred	NIDDLE F/	roelenburg	15. MOTHER'S MAIDEN NA.	ME MIDDLE MAY		LAST Carrick
	WAS DECEASED EVER IN U.S. ARA YES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)	218-32-2603	Helen Freede		White Av	e. 21214
NOI	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT C	DUE TO, O (b) DUE TO, O	R AS A CONSEQUENCE OF R AS A CONSEQUENCE OF ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CON	DITION GIVEN IN PA	ART I(a)
CERTIFICATION	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION			ON WAS PERFORMED	YES NO	20b. IF YES, WERE F IN CERTIFYING CA YES	
	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		DFINJURY .M. MONTH DAY YEAR .M. 19	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I OR PA	ART 2)
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE, FARM, ETC }	211. LOCATION STREET	CITY OR TO	OWN COUN	NTY STATE
	220.1 certify that (1)/(this hospit saw the deceased alive an abave, (1)/(we) (did) (did not 22b. SIGNATURE	3/6	19 80 0	nd that in (aur) apinian DEGREE ATTENDING PHYSICIAN L		22ε.	m the couses stated DATE SIGNED
	22d. PHYSICIAN'S NAME (TYPE OF	2 7.	KEES	220 ADDRESS Mon	iclas.	1 /	(()
	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	236. DATE 3/1		CEMETERY OR CREMATORY nd Memorial Pl			Md.
24. F	UNERAL DIRECTOR Mitchell-Wiedef	eld	ADDRESS 6500 York F	NA.	AR 8 1985		GNATURE Som-Randace

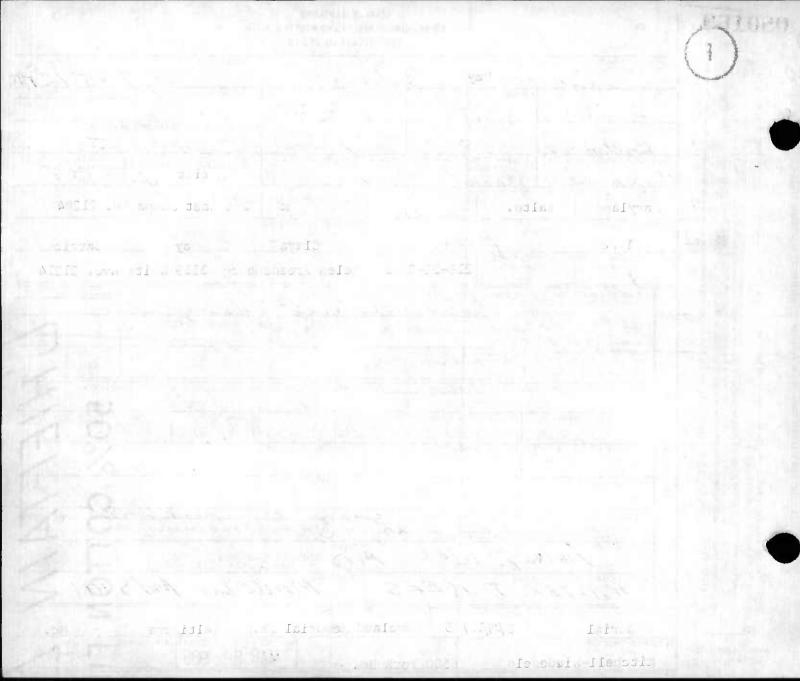
DHMH - 16 50M 4/82 (VRA 15, 4)

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and coshoold be detached for use as the burial-transit permit. Then please remove carbon popers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, ar ather traumatic event, the

with the State Crops. Land Shows any IMPORTANT: If hem 21 is marked or hem 18 shows any



requires that the death certificate be executed within 24 hours oft

TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the haspital or attending physician.

attending physician.

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completely filled in by the

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and call should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT, if them 21 is marked or Item 18 shows any injury, or other traumatic event, the medical.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	1-	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIEND STATE REGISTRAR CERTIFICATE OF DEATH REG. NO.										
1		CEASED NAME	Marie		HEIDER		ASI		Annale TE		DAY YEAR	26 HOUR
1			יומו ופ	21.	HEIDER				March 15, 1			9:45 pm
1	3. SE)			4 RACE	TART	5. DATE C		'67 6	AGE (IN YEARS LAST BIR	THDAY)	MONTHS DAYS	HOURS MIN.
1		emale		CAUCA		1.	2 08		77	YRS		
7		RTHPLACE (STATE OF THE PROPERTY OF THE PROPERT		76. CITIZEN OF V	vhat country?	MARRIE WIDOWE	D NEVER MARR	SIED 7	Baltimorecityo Baltimore (MD.
1		OSSVILL		(IF NOT IN SUCH	OSPITAL, NURSING FACILITY, GIVE STREET	ADDRESS)	OR OTHER INSTITUT		28 USUAL OCCUPATI (TYPE OF WORK FOR MOST OF HOUSEWT	F WORKING LI		OF BUSINESS OR
	WA MA	AL RESIDENCE (IF NU	RSING HOME OR	OTHER INSTITUTION,		E ADMISSION)	136 INSIDE CITY LI	IMITS?	30 STREET ADDRESS A	ZIP CODE		21237
(14. FA	THER'S NAME FIRST FREDER		MIDDLE R	EINHARD	T	15. MOTHER'S MAI	IDEN NAMI	WIDDIE		HOTRO	
		VAS DECEASED EVE		MED FORCES?	166 SOCIAL SECU	JRITY NO.	17 INFORMANT		ADDRE	\$5		trad
		LEZ 140 NHKHOMH)			2160974	-	FREDERI		EIDER JR	.100		TER AVE
	CERTIFICATION	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTTON TO DEATH BUT				DEATH BUT			NAL DISEASE OR CON	20b. IF YE	VEN IN PART 111	NGS USED
	RTIF							YES NO		ES 🗍	NO 🗆	
	MEDICAL CE	216. ACCIDENT WAS U OR CONTRIBUTING [LIFETHER NOTIFY ME 216. INJURY OCCU	CAUSE OF DEA	THE STATE OF THE S	M. MONTH D	AY YEAR	21c. HOW INJURY	OCCURRE	D (ENTER NATURE OF INJU	RY IN ITEM 18		50
	WE		WHILE	(AT HOME, STR	EET, FACTORY, OFFICE, I		STREET		CITY OR TO	WN	COUNTY	STATE
		220 I certify that a saw the deced above X1 (we)		tal) attended the 3-15 Xview the bady		85 		9 <u>85</u>) apinian de	ath accurred an the de	ate and ha		
		Staff PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN						FF IAN D	3/	15/85		
		Dr. Schwartzman			9000 Franklin Square Drive 21237					1237		
	É	BURIAL, CREMATION (SPECIFY) BURIAL UNITAL DIRECTOR	N, REMOVAL	3/18	/85 Z		CHURCH C	CEMET		25b. REGIS	BALTO	STATE
		I'll Co	orl	1211 Ch	es cus A	٠,		14/14	REC'D. BY REGISTRAR	0	Strike father.	

DHMH - 16 50M 4/83 (VRA 15, 4)

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